**OBJECTIVE:** Using the theory of transformative learning, students and faculty both engage in dialogue to better understand social determinants of health and foster a space to unpack their own experiences and implicit biases.

**DESIGN:** Using Mezirow’s principles of transformative learning, PharmD students are asked to engage in critical self-reflection while also examining public health programs and policies through the lens of equity. A mixed-modal approach, including walking tours, semi-structured discussions, and guided assignments are used as tools to aid in the students’ self-reflection.

**RESULTS:** Students were able to understand systemic oppression by critically reflecting on the negative health impacts experienced by patients. This understanding helps students identify ways to mitigate the negative health outcomes on their patients. PharmD, law, and medical students will now engage in a newly formed health equity teaching collaborative to explore the intersection of legal and health matters, such as mass incarceration and the ethics of global immersion. Through this, students will be able to engage in a collaborative process to explore innovative solutions and ideas to improve health equity.

**CONCLUSION:** The theory of transformative learning can be used to help students transition from cursory self-reflection to higher self-awareness and individual impact. We plan to survey students from this cohort one year post-graduation to assess impact of their experience on their practice, and further utilize this collaborative teaching approach to inform new partnerships.
To learn, pharmacy students need to do: A pilot on learning asthma first aid

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Introduction

Instructional activities that promote active learning encourage developing pharmacy students’ knowledge and skills. To provide the technical skills that future pharmacists need, schools of pharmacy are moving from courses that predominantly offer knowledge to courses with a greater emphasis on acquirement of skills. The primary objective of this study was to assess the impact of two learning modalities (online training and simulation) on pharmacy students’ ability to perform asthma first (AFA). The secondary objective was to explore students’ preferred learning method for technical skills with the example used as AFA after exposure to two different learning modalities.

Design

Pharmacy students from Amman, Jordan were invited to participate in AFA training workshop. Students were assigned to one of two groups of 25 students to complete a 1-hour online training course in AFA or participate in scenario-based simulation as their first learning exposure. Student ability to perform AFA was assessed in role-playing scenarios using a checklist instrument. Students’ preferences on methods of learning, opinions and thoughts of the workshop were investigated by focus group discussion and semi-structured questionnaire.

Results

Eighteen students (n=50, 36%) were assessed on their skills to manage acute asthma exacerbation by simulation and provided with immediate formative feedback. Overall, 33.3% of all assessed students were deemed competent in AFA. A chi-square test for independence indicated no significant association between students’ performance in AFA and educational intervention, Χ² (1, n = 18) = 0.000, P = 1.00, phi = 0.00. Focus group discussions yielded three main ideas students considered important in their learning: blended learning methods, active learning opportunities; and novelty in learning.

Conclusion

Learning technical skills in pharmacy is facilitated when teaching design provides active learning opportunities that involve students ‘doing’ (practicing) particular skills, observing others perform these skills and receiving appropriate formative feedback to enhance performance.

Figure 1: Inhalers and spacer devices provided to students in the study
Development of an effective measure assessing MPharm students’ perception of the usefulness of their experiential placements at Green Light pharmacy

Lawrenca Louise Brown¹, Ian Bates¹, Simon Harris², Jane Portlock³
University College London UK ¹ , GreenLight Pharmacy, UK ² , University of Sussex Pharmacy UK ³

• **Background:** It is important to give pharmacy students opportunities to apply their knowledge prior to graduation and entering the workforce.
  - UCL collaborated with GreenLight to create an educational centre in one of their branches
  - All students attend sessions
  - Materials align with core modules, are co-created and co-taught by UCL and GreenLight.
• **Objective:** To develop a measure of utility for community-based experiential learning in undergraduate students.

**Design:** A feedback survey was designed and delivered to all four year groups on the MPharm over the last 5 years. Factor analysis was used to identify measurement constructs with subsequent descriptive and comparative statistics.

**Examples of Questions**

- I felt my Green Light placements were generally well organised
- I understood what prework had to be completed for each of my placements
- I enjoyed learning in a community pharmacy environment
- I think my GL placements were linked and supported by my other UCL teaching
- I think the GL placements have improved my ability to counsel patients on their dispensed medication
- I enjoyed rotating through different activities during my placement

**Conclusion:** Initial results indicate: Years 1 and 2 are satisfied with both the overall design and what they experience and learn on the placements. Year 3, students’ satisfaction with the design continues but suggest the areas of practice covered do not add to their learning. In year 4 students, the pattern appears reversed with a high degree of satisfaction with the learning outcomes covered.

**Future work:** Initial observations suggest year 3 students may benefit from experiencing the year 4 team based simulation exercises which practice knowledge and skills together gained across the whole MPharm.

"I’VE ENJOYED IT... I’D CHOOSE TO DO IT AGAIN...": EVALUATION OF AN INNOVATIVE MULTI-SECTOR PRE-REGISTRATION PHARMACIST TRAINING PROGRAMME IN WALES

Laura Doyle and Bethan Broad, HEIW, Health Education and Improvement Wales, UK.

Alison Bullock, Cardiff Unit for Research and Evaluation in Medical and Dental Education, Cardiff University, UK.

Background

Following evaluation of the initial pilot of a multi-sector pre-registration training programme in North Wales, this unique training scheme was extended across Wales. A number of pre-registration pharmacists in Cwm Taf, Betsi Cadwaladr and Hywel Dda University Health Boards were exposed to hospital, community and primary care pharmacy environments, with varying durations/structures in the training year 2017-2018.

Objective

To evaluate a unique pharmacist pre-registration training programme, whereby trainees are exposed to hospital, community and primary care pharmacy environments on a rotational basis of varying durations/structures.

Methods

Semi-structured telephone interview schedule designed & ethical approval gained.

Twenty six participants who followed the multi-sector programme (n=10) and their tutors (n=16)

One interviewee withdrew consent. Data from twenty five interviewees were analysed thematically.

Interviews were conducted and recorded before being transcribed ad verbatim.

Results

Four themes were identified:

Benefit 1: Importance of tutor and trainee factors for programme success

Benefit 2: The added value of the multi-sector pre-registration programme

Benefit 3: Lack of consensus on “ideal” programme structure

Benefit 4: Suggestions for improvement

Conclusion

This study provides an insight into the perceptions of multi-sector pre-registration pharmacists and their tutors towards the multi-sector training programme in Wales. Participants reflected upon the benefits of the programme in comparison with a single sector scheme including the opportunity to shadow a range of pharmacists and other healthcare professionals, develop a “well-rounded” knowledge, an appreciation of transfer of patient care between settings and a better understanding of all sectors of pharmacy in order to make an informed career choice.

Areas for improvement, such as the need to introduce trainees to the hospital ward environment from an earlier time point as well as improve communication between tutors, were highlighted.
To describe the process undertaken to design, develop and deliver a foundational unit within the new Vertical Integrated Masters of Pharmacy degree (VIM degree) at the Faculty of Pharmacy and Pharmaceutical Sciences at Monash University.

DESIGN

The Faculty of Pharmacy and Pharmaceutical Sciences at Monash University strategically redesigned the Pharmacy curriculum to better align with the needs of the profession. A key feature of the VIM degree is skill development such that students learn to be critical thinkers, problem solvers, excellent communicators and team players. Units were purposefully restructured to adopt a student centred learning approach.

OBJECTIVE

To describe the process undertaken to design, develop and deliver a foundational unit within the new Vertical Integrated Masters of Pharmacy degree (VIM degree) at the Faculty of Pharmacy and Pharmaceutical Sciences at Monash University.

RESULTS

Comparison of short answer question exam results of students enrolled in PAC1111 in 2016 (established pharmacy degree, n = 192) and PHR1031 in 2017 (integrated masters in pharmacy, n = 185). Both exams were similar in terms of difficulty, as measured by the percentage of questions in the short answer sections that were higher order in terms of Bloom’s taxonomy (48% for PAC1111 compared with 51% for PHR1031) (Dan Malone, 2017)

CONCLUSION

Utilising a different teaching approach new units were developed as part of the new Pharmacy curriculum which focuses on skill development. Feedback obtained from staff and students this year will be used to further develop the unit in 2020.
Objective: To describe entrustment decisions during placements in the hospital pharmacy workplace and evaluate factors that influence these.

Study Design: All 3rd year MPharm students at the University of Bath undertook a week placement in a hospital setting. Students completed an online survey to investigate the tasks they undertook on placement and factors associated with their perceived level of confidence and competence. Students were asked specifically to describe the level they performed set tasks at, using a defined set of criteria, and were then asked to comment on the level of entrustment given by the supervisor on placement. Students were asked to describe the factors that they thought influenced this. Results were analysed using SPSS.

Results: Students described their performance over a range of 25 tasks (8.1-10.7). 19 (76%) of the tasks showed a significant difference between students perception of their level of competence and that of their supervisor and that they felt they were capable of performing the task under less supervision (Figure 1).

Students understood the rationale for entrustment decisions in the workplace but described a range of factors that influenced this in the hospital setting.

Conclusion: Supervisors often find it difficult to judge trainees in the placement setting (Choo, 2014, ten Cate, 2016). This study showed that students were frequently given higher levels of supervision than they thought necessary for their perceived level of competence. It identifies a range of influencing factors from student and supervisor factors to those related to the environment, workload and curriculum.

Designing tools to support entrustment decisions and associated assessments in the workplace is key to supporting the development of skills in situations where multiple short placements exist. The structured use of Entrustable Professional Activities (EPA) is as a result, now being introduced for 2nd and 3rd year MPharm undergraduate students.

Figure 1: A comparison of the level of supervision students performed tasks under, and the level of supervision they felt able to perform the task under (n=53)


ten Cate, O., 2016. Entrustment Decision-Making in Competency-Based Teaching and Assessment in Health Professions Education. Medical Science Educator, 26, 5-7.
Who wants to be a millionaire as a game for Pharmacy curriculum

Dr Alessio Iannetti and Dr Hamde Nazar 1 Newcastle University (UK)

Study objective
In response to Stage 1 undergraduate pharmacy students reporting difficulty with particular topics of biology, we have developed seminar sessions to support students’ learning. To assess the optimal teaching strategy, an experimental design was adopted. The hypothesis is that the competitive interactivity of the educational game would improve student knowledge retention.

Design
Half the cohort experienced seminars requiring students to work in groups to answer open questions on the topic [Group2], whilst the other half of the cohort experienced a seminar adopting elements of the game “who wants to be a millionaire” [Group1]. Students played competitively in small teams. Prior to both sets of seminars, students undertook a pre-test of 12 MCQs to assess their knowledge, and then a post-test to capture knowledge attainment (Figure 1). Results were compared between groups and a t-test used to assess for difference. A feedback form including five 5-point Likert scale questions, was distributed requiring students to rate components of the session, including the level of engagement and team-work.

Results
Students attending the game sessions [1] showed a statistically significant (p=0.03) improvement between pre-test and post-test scores. Conversely, the difference for students attending [2] was not statistically significant (Figure 2). In the feedback form, students who played the game found the session more engaging and valued team-work as more important to stimulate their learning, compared to students who attended the seminar session (Table 1).

Conclusion
The competitive and engaging nature of the game appears to facilitate knowledge retention. Wider adoption of this strategy may augment student learning further.

Table 1: Student feedback (Means_SD of 5 point Likert scale)

<table>
<thead>
<tr>
<th>Component</th>
<th>Game</th>
<th>Seminar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaging</td>
<td>4.5_0.5</td>
<td>4.1_0.7</td>
</tr>
<tr>
<td>Stimulating</td>
<td>4.3_0.6</td>
<td>4.1_0.7</td>
</tr>
<tr>
<td>Team-working</td>
<td>4.4_0.5</td>
<td>4.0_0.9</td>
</tr>
<tr>
<td>Informative</td>
<td>4.4_0.7</td>
<td>4.3_0.8</td>
</tr>
<tr>
<td>Reinforcing</td>
<td>4.3_0.6</td>
<td>4.3_0.8</td>
</tr>
</tbody>
</table>

Figure 2: Students attending [1] improved in the post-test scores
INTEGRATED CURRICULA: AN INVESTIGATION OF THE ESPoused, ENACTED AND EXPERIENCED CURRICULUM

Andrew Mawdsley and Sarah C. Willis, The University of Manchester, UK

Objective: Explore how educators conceptualise and enact integration and how integration is experienced by learners within a four-year Master of Pharmacy curriculum.

Design: Educators (n = 8) took part in individual semi-structured interviews. Learners (n= 51) participated in focus groups (n= 8).

Espoused
- Shared understanding of integration between educators and learners
- Learner-centred
- Correlated subject matter (modular)
- Application of knowledge across disciplines

Enacted
- Modular curriculum structure
- Supports integrative thinking across subject lines
- Tension between disciplines/ideology restricts integration and was not fully realised
- Ability to enact integration varied between educators

Experienced
- Supports application of knowledge to practice
- Traditional assessment methods misaligned with teaching methods which perpetuates rote learning and knowledge compartmentalisation (in part due to a modular structure)
- Assessment methods (exams) work against teaching methods designed for integration; whereas teaching ethos changed the assessment design did not

Conclusion: Educators’ difficulties in enacting integrated teaching, together with assessment methods that failed to support integrative teaching, suggest that the pedagogic potential for the curriculum may not be realised.
DOES A CARDIOLOGY IN CLINICAL PHARMACY PRACTICE MODULE EQUIP PHARMACISTS WITH THE KNOWLEDGE AND SKILLS TO OPTIMISE PATIENT CARE?

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¹ Trinity College Dublin, Ireland; ² St. James’s Hospital, Dublin, Ireland; ³ Tallaght University Hospital, Dublin, Ireland

Objective
To equip community and hospital pharmacists with the knowledge and skills to optimise cardiovascular patients’ management, thereby improving patient safety and pharmaceutical care.

Methods
A CPD module was developed, in collaboration with pharmacists and doctors, covering eight cardiology topics and ‘practice dilemma’ sessions. It is primarily delivered via a virtual learning environment, with two face-to-face workshops, online assessment, casework and a reflective eportfolio.

Survey link emailed to 211 pharmacists from 2013-2018
Analysis of results – use of Excel & descriptive statistics

Results
26% Response rate
37/55 from community pharmacy
52/55 were quite likely/extremely likely to recommend this module.

Most useful elements?
• Module’s flexibility
• Staff support
• Opportunities to interact with both community and hospital practitioners
• Practical applicability of course content.

Conclusion
Based on self-reports, this module has supported pharmacists in gaining the knowledge and skills required to optimise cardiovascular patients’ management.

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BACKGROUND

- Schools of pharmacy are exploring new curriculum structures to meet increasing demands from the healthcare system and to better align with evolving roles of pharmacists.1
- Cognitive Apprenticeship (CA) theory2 describes optimal learning environments and provides actionable strategies for designing and implementing effective teaching practice to support study learning.
- Research suggests Cognitive Apprenticeship theory, which is rooted in making expert thinking visible to learners, is an effective framework for the health professions.
- However, few studies clearly describe the types of teaching activities that align with the CA framework.3

OBJECTIVE

- The purpose of the student was to identify aspects of CA that pharmacy educators use in their teaching practice. In doing so, we aimed to described strategies for explicating experience thinking within didactic environments.

METHODS

- Five pharmacy educators from the Eshelman School of Pharmacy provided access to to previously recorded didactic class sessions.
- A priori codes were adapted from Ahn,4 who created codes based on CA dimensions and sub-dimensions.2
- Summaries for each participating pharmacy educator were crafted and an overall summary report was generated.

RESULTS

Cognitive Apprenticeship Dimensions & Sub-dimensions

<table>
<thead>
<tr>
<th>Content</th>
<th>Methods</th>
<th>Sequencing</th>
<th>Sociology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain Knowledge*</td>
<td>Modeling</td>
<td>Increasing complexity* (depth)</td>
<td>Situated learning</td>
</tr>
<tr>
<td>Heuristic strategies</td>
<td>Explanation*</td>
<td>Increasing diversity* (breadth)</td>
<td>Community of practice*</td>
</tr>
<tr>
<td>Control strategies</td>
<td>Coaching/ Scaffolding</td>
<td>Global to local skills</td>
<td>Collaboration*</td>
</tr>
<tr>
<td>Learning strategies*</td>
<td>Reflection/ Articulation*</td>
<td>Explorations</td>
<td></td>
</tr>
</tbody>
</table>

Faculty class sessions were characterized by four different cycles:

1. Reflection/Articulation → Community of Practice → Explanation
   - Cycle happened with and without technology
   - Served as a Formative assessment
2. Reflection/Articulation → Collaboration → Community of Practice → Explanation
   - Application, Analysis, and Evaluation of knowledge
3. Community of Practice → Explanation
   - Represented periods of time where students posed questions to faculty
   - Occurred either at the beginning of class, end of class, or after an extended Explanation segment
4. Reflection/Articulation → Coaching/Scaffolding → Community of Practice → Explanation
   - Rare, but reflected the faculty member supporting student thinking and understanding

CONCLUSIONS

- Pharmacy education faculty constructed didactic learning environments reflective of Communities of practice, where students and faculty worked collaboratively to engage with Domain knowledge.
- CA Methods, specifically Explanation and Reflection/Articulation, are associated with active learning strategies which support student learning.

REFERENCES

BACKGROUND

- Assessment of student progress and practice readiness is an important aspect of student and curricular development.
- The United States Accreditation Council of Pharmaceutical Educators Standards and the Center for the Advancement of Pharmacy Education 2013 Educational Outcomes address the need for these types of assessments.1,2
- Formal assessments designed to evaluate students’ ability to connect the multiple components of their academic experiences, also known as capstone assessments, are increasingly common in health professions education.
- Within pharmacy education, there have been several published reports describing the implementation of capstones within the doctor of pharmacy curriculum.3-7
- To date, there has not been a holistic review of capstone use within pharmacy education.

OBJECTIVE

- To describe the current state of capstone assessments within pharmacy education literature.

METHODS

- Literature review:
  - Search terms – [capstone, “pharmacy education”]
  - Database – PubMed
  - 15 articles from 13 different institutions were found that described the institution’s capstone experience.
  - Information extracted from each relevant article included:
    - Capstone purpose
    - Capstone utility
    - Incentive(s) associated with capstone
    - Consequence(s) associated with capstone
    - Capstone logistics
    - Capstone assessment strategy
    - Capstone resource requirements

RESULTS

Capstone Purpose and Utility

- Evaluate rotation readiness
- Assess student ability to synthesize content from multiple courses
- Identify areas of student weakness
- Provide student with research/scholarship experience

Capstone Assessment Feedback

Use of capstone results:

- Curriculum development and optimization
- Targeted student feedback and remediation

CONCLUSIONS

- A variety of capstone designs are utilized within pharmacy education to evaluate student readiness for clinical rotations and provide specific feedback for student and curriculum development.
- Majority of capstone assessments were courses that utilized case-based learning to prepare students for rotations.
- The following gaps in the literature were identified:
  - Use of capstones as a threshold for student progression
  - Identifying a standard definition of clinical rotation readiness
  - Determining the cost effectiveness and sustainability of a capstone

REFERENCES

Preparing a Workforce for Care of Older Adults through Interprofessional Education

Kimberly A. Sanders, PharmD, BCPS; Susan Coppola, MS, OTR/L, BCG, FAOTA; Denise Dews, MSW; Amanda Holliday, MS, Carrie Palmer, DNP, RN, ANP-BC, CDE; Cherie Rosemund, PhD; Cris Henage, EdD; Ellen Roberts, PhD, MPH

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OBJECTIVE

To describe the development and evaluation of an interprofessional education (IPE) pre-professional geriatrics (PPG) experience involving learners from ten different health discipline programs.

DESIGN

• The IPE PPG experience provided interdisciplinary health professional encounters using a collaborative approach towards caring for older adults held over two, three-hour sessions.
• Case studies in small groups with 10 health disciplines including dentistry (DDS, DH), medicine (MD), nursing (DNP), occupational therapy (OT), pharmacy (Pharm), physical therapy (PT), public health (PH), social work (SW), and speech-language pathology (SLP)
• Learners completed pre- and post-experience surveys framed from session objectives.
• Data from 2016, 2017, 2018 were analyzed.
• Supported by funds from HRSA, DHHS Carolina Geriatric Workforce Enhancement Program.

RESULTS

• Over the course of three years, 562 learners participated (DH-42; DDS-60; MD-39; DNP-43; OT-63; Pharm-60; PT-63; PH-61; SW-70; SLP-57).
• From surveys, significant increases in the following areas based on the IPE PPG Experience were noted for all discipline learners:

Table: Average Overall and Domains Pre- to Post-Intervention Change

<table>
<thead>
<tr>
<th>Evaluation Measure</th>
<th>N</th>
<th>Baseline Mean (SE)</th>
<th>Follow-up Mean (SE)</th>
<th>Change in Mean (95% C.I.)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence in functioning in interprofessional teams</td>
<td>562</td>
<td>6.34 (0.06)</td>
<td>8.29 (0.05)</td>
<td>1.95 (1.83-2.07)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Knowledge of services provided by other disciplines</td>
<td>562</td>
<td>6.20 (0.06)</td>
<td>8.24 (0.04)</td>
<td>2.04 (1.93-2.16)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Importance of other disciplines in providing health care to older adults</td>
<td>560</td>
<td>8.21 (0.06)</td>
<td>9.15 (0.04)</td>
<td>0.94 (0.85-1.02)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Confidence in knowing when to refer to other disciplines</td>
<td>558</td>
<td>6.72 (0.06)</td>
<td>8.70 (0.04)</td>
<td>1.98 (1.87-2.08)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Average1 across domains</td>
<td>562</td>
<td>6.96 (0.04)</td>
<td>8.65 (0.04)</td>
<td>1.69 (1.61-1.76)</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

1. Average of all answered questions; note some learners did not respond to one or more questions

CONCLUSION

This collaborative IPE PPG experience demonstrated learners gained skills to apply geriatric principles and critical thinking as IP team members. They demonstrated the ability to construct patient-centered care plans for older adults.
COLLABORATING ACROSS STATE BORDERS: AN INTERPROFESSIONAL CURRICULUM CENTERED AROUND TELEMEDICINE PRINCIPLES

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University of the Pacific (UOP), Thomas J Long School of Pharmacy and Health Sciences

Objective: To describe a telemedicine curriculum designed to provide collaborative interprofessional education (IPE).

Design: 200+ students are enrolled/class year at the pharmacy school. IPE challenges include missing health professions and distances between campuses. An alternate IPE model was needed to fulfill our IPE needs, leading to the development of a telemedicine curriculum. Telemedicine refers to the use of telecommunications technology to deliver patient care.

The goals of the telemedicine program were for students to: 1.) Improve professional communication, 2.) Collaborate with other health professionals, and 3.) Develop a broader perspective of healthcare.

For the first IPE, 5 cases were developed with a focus on psychiatric illnesses. Participants: UOP pharmacy and University of Missouri-Kansas City, Nurse Practitioner students. The second IPE focused on an inpatient liver cirrhosis case. Participants: UOP pharmacy and West Virginia School of Osteopathic Medicine students.

Modalities used:
- Patient charts on EHR Go®, an educational electronic health record
- YouTube video simulating a physical assessment with a focus on the physical manifestations of disease
- WebEx/Skype
- Google docs/phone

Requirements: Two videoconferences per simulation were required. The first conference focused on differential diagnosis and assessment of the patient. The second videoconference focused on using the SBAR (situation, background, assessment, and recommendation) tool. Students then wrote-up a SOAP (subjective, objective, assessment, and plan) note, completed: a pre/post SPICE survey (validated), peer assessment of team members, and an attitudes survey.

Results: 630 students participated in this telemedicine curriculum. Students reported significant improvements on all SPICE survey questions. 94% felt that the IPE was useful to their learning. Data from the peer assessment generally showed positive attitudes towards team member contribution. The attitudes survey are displayed in the figure.

Conclusion: This IPE leveraged technology to provide meaningful telemedicine experiences. Students from different US states were able to interface and work collaboratively to provide care for a patient. This model provided a broader nationwide perspective to healthcare and allowed interaction with students from diverse health professions.
Objective: For year 1 MPharm students to experience medicines adherence by taking a placebo for 5 days, reflecting on this experience, completing a formulary entry, identifying their own beliefs about medicines and to discuss adherence with a friend/relative and patients who regularly take prescribed medicines.

Design: The induction activity introduced adherence, provided guidance/support/resources for undertaking reflection and completing a formulary entry (ibuprofen, simvastatin, metformin), and determination of the student’s beliefs about and perceived sensitivity to medicines. The evaluation assessed students’ engagement with the 5 day induction activity and performance through submission of a reflective account, using Gibb’s (1988) model assessed using the REFLECT tool (Wald et al 2012) and a formulary entry. A questionnaire evaluated student experience.

Results: Of the 183 MPharm Y1 students, 174 (95%) participated in the activity, with 173 (95%) submitting a reflective account and 179 (98%) a formulary entry for formative review. Most students identified in their reflection that medicine taking was more challenging than expected. Some compared their experience with their friend/relative but only a few compared their experience to the patients with HIV. No students linked their adherence to their beliefs about medicines. Identification of national guidance was not as well completed as other formulary sections. Many students required referencing support. The post-activity questionnaire was completed by 73 (40%) students with 90% (64/71) recommending the activity. Students definitely or mostly agreed that the activity allowed them to ‘explore adherence from the patient perspective’ (68/72), ‘challenged and stimulated their views’ (59/72) and provided an ‘opportunity to appreciate the pharmacist’s role in supporting patient adherence’ (64/70).

Conclusion: The induction activity enabled students to understand the complexity of medicines adherence and the pharmacist’s role.
ASSESSORS’ PERSPECTIVES ON INTERPRETATION OF AGGREGATED NARRATIVE ASSESSMENT DATA

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Diana Dolmans, School of Health Professions Education, Maastricht University, Maastricht, Netherlands
Zubin Austin, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Canada
Marjan Govaerts, School of Health Professions Education, Maastricht University, Maastricht, Netherlands
*Study conducted at the College of Pharmacy, Qatar University, Doha, Qatar

Objective
To explore how assessors process and bring meaning to narrative data written by others about student communication skills in OSCEs.

Background
Increasing calls for the use of narrative data in assessment to substantiate judgments. Despite evidence of credibility, narrative data written by others is challenging to interpret.

Methods
1. OSCE
   Writing Narrative Comments
2. Think Aloud
   10 expert assessors review aggregated data
3. Between Case Analysis
   Thematic analysis using each assessor as a case

Results
Assessors bring 3 perspectives to the data:
1. Student
2. Examiner
3. Professional

Assessors place themselves ‘in the shoes’ of their dominant perspective when interpreting comments.

Conclusion
Assessors’ perspectives may be a source of variability in interpretation of performance data.

Fig 1. Perspectives In Response to: “Took watch off in middle of interaction”

“I think some people get nervous... I think it was fine if the student maintained posture”

“So took the watch off? Anxious about the exam and not very focused can lose the attention from or rapport with the patient”

“I will assume it is removing someone’s watch, maybe that is what the examiner means”