

Gamification to Enhance Collaboration and Engagement in Online Pharmacy Technician Education: A Flow Theory Approach

Kate Cannon – Lead for Online Learning
Cert HE in Pharmacy Technician Practice

Background

Only level 4 HE
provider for
pharmacy
technician
education in
England/Wales



National coverage
across England and
Wales



Utilise live online
classes



Spark



Issues with student
collaboration and
enjoyment in group
tasks

Learning as part of
my Masters in Higher
Education practice –
gamification of
learning

Development



Researched
theoretical
theory behind
gamification



Investigated IT
platforms
available for
gamifying
learning
materials



Reviewed
online
sessions for
appropriate
conversion of
activities



Developed
game based
on learning
objectives
and
outcomes



Peer review



Implementation

Gamified learning

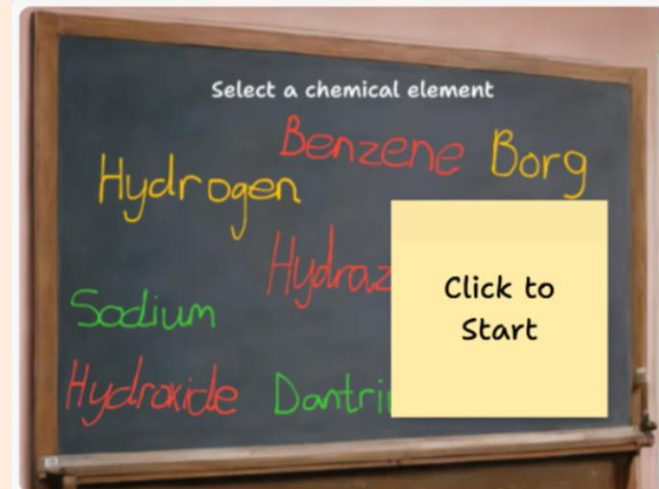
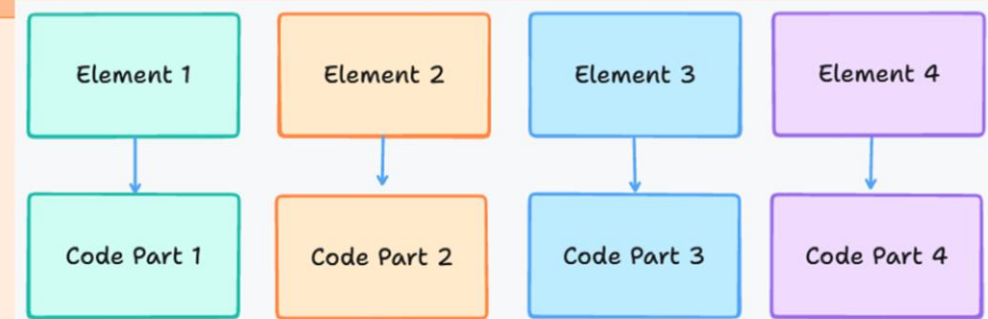
Game developed based on learning outcomes

Escape room style

Designed for group work

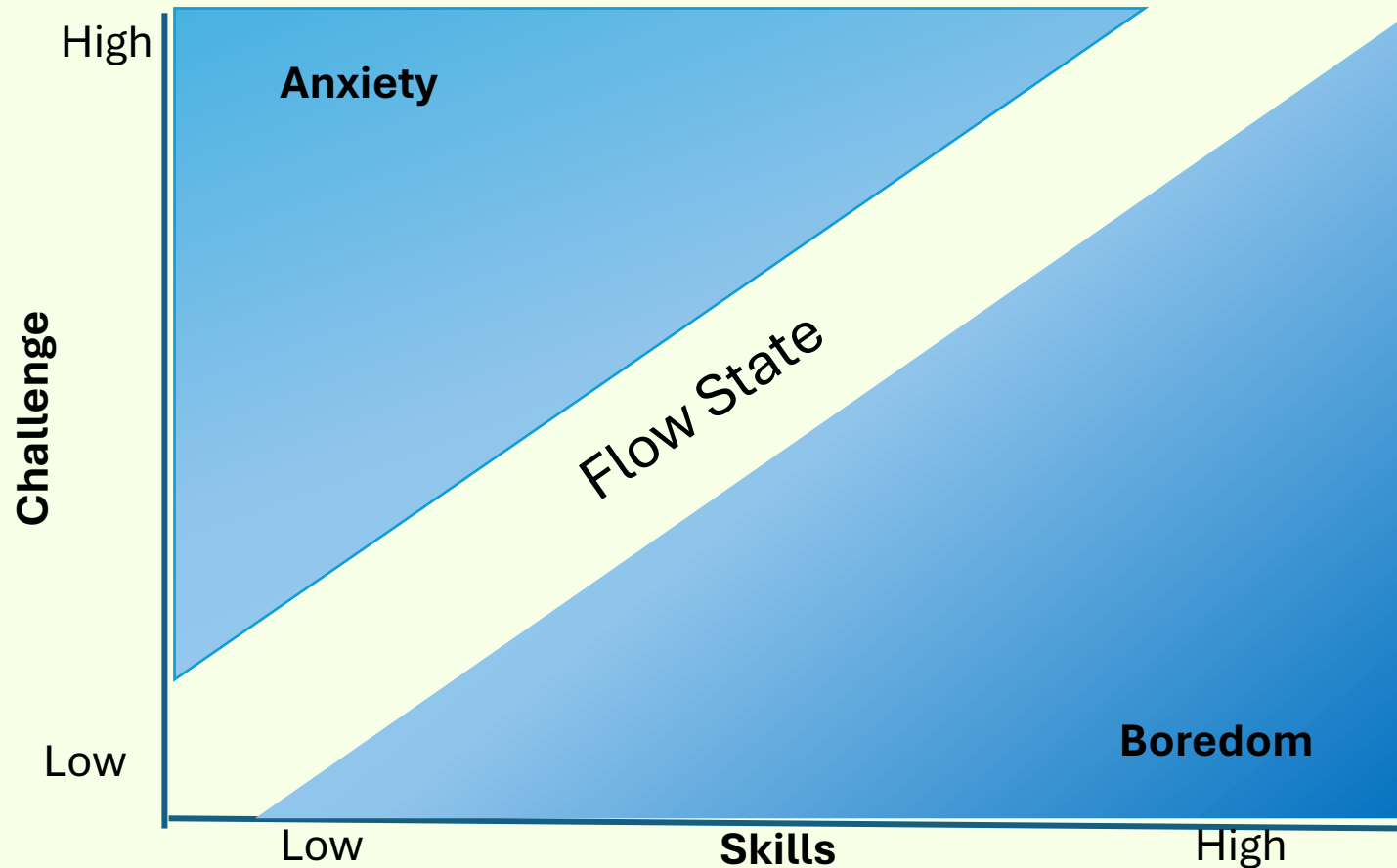
You will have to find the four chemical elements on the blackboard and work out the numerical answer for each.

Make your answer code from each of the elements.



Research aim

To investigate the impact of gamification elements, designed using Csikszentmihalyi's Flow Theory¹, on learner engagement and collaborative behaviours in an online pharmacy technician classroom.



To achieve flow state:

- Clear goals
- Immediate feedback
- Challenge - skill balance

= emersion and
engagement in learning

Method



Data collection

Based on key themes from Csikszentmihalyi's Flow Theory

Engagement	Enjoyment	Design	Outcome
Engagement	Enjoyment	Clear goals	Consolidate learning
Focus	Fun	Support and guidance	Enhanced understanding
Motivation	Stress reduction	Learner control	Aid assessment
Participation	Achievement	Time passed quickly	Met learning objectives
Critical thinking		Less distracted	
		Reduced worries	
		Appropriately challenging	
		Matched my skill level	
			Comparison
			Group discussions on a written task vs online game
			Working alone on a written task vs online game.

Quantitative analysis

Likert-scale data coded ordinal responses to numerical values 1-5 and analysed

1 = strongly disagree to 5 = strongly agree

Likert-scale responses were recoded into

- negative (1-2),
- neutral (3) and
- positive (4-5)

to provide a clear negative or positive response.

Results

Sample: N = 207

Responses: n= 82 (39.61%)

Engagement

I felt more engaged with the task when using the online game

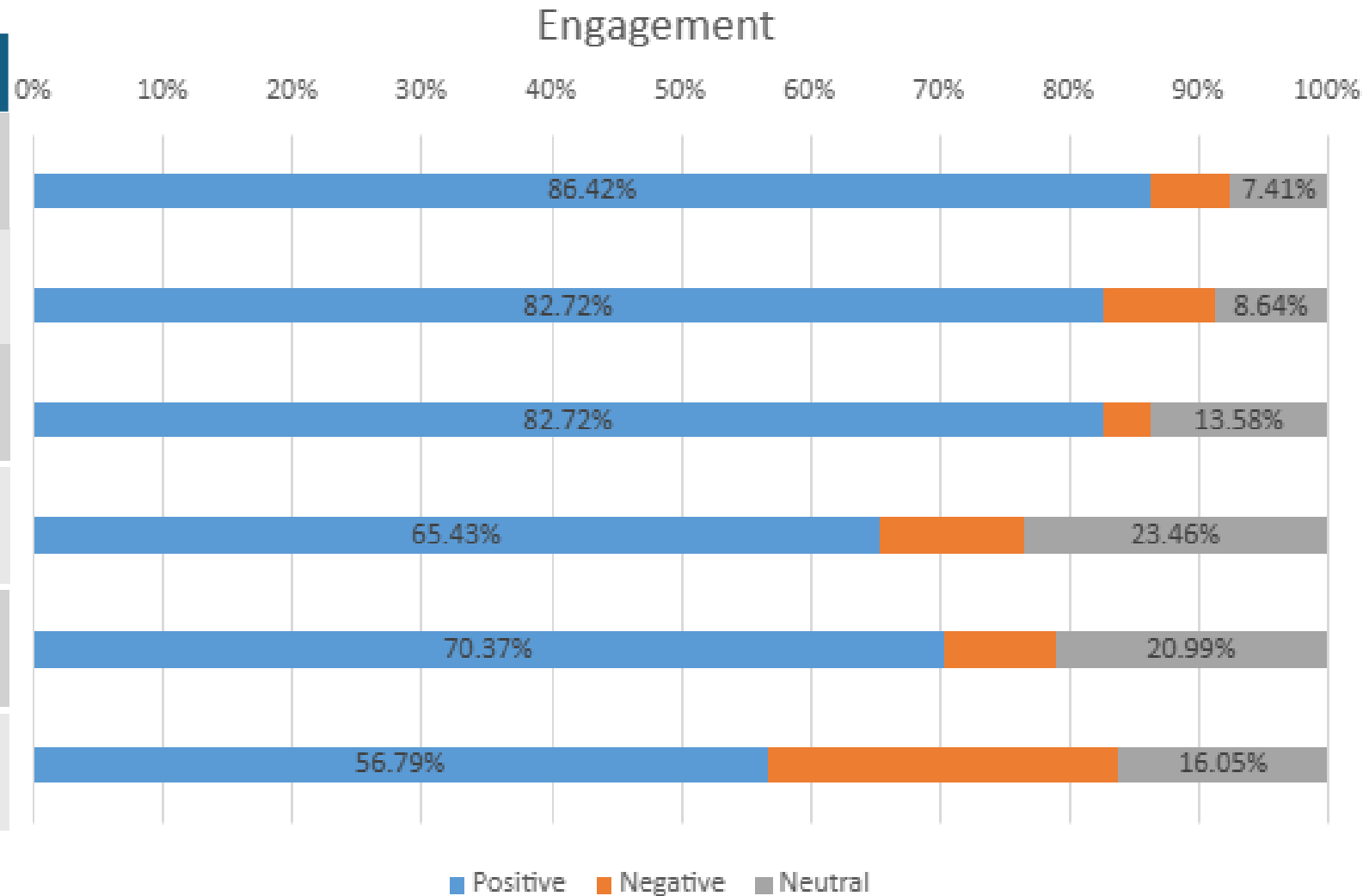
The game helped me stay focused for longer than traditional group or solo work.

I was motivated to complete the task because it was presented as a game.

I participated more actively during the game than I usually do in group discussions.

The game encouraged me to think more critically about the topic.

I would prefer to work on the online game independently



Results

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Enjoyment

I enjoyed using the online game more than traditional learning methods.

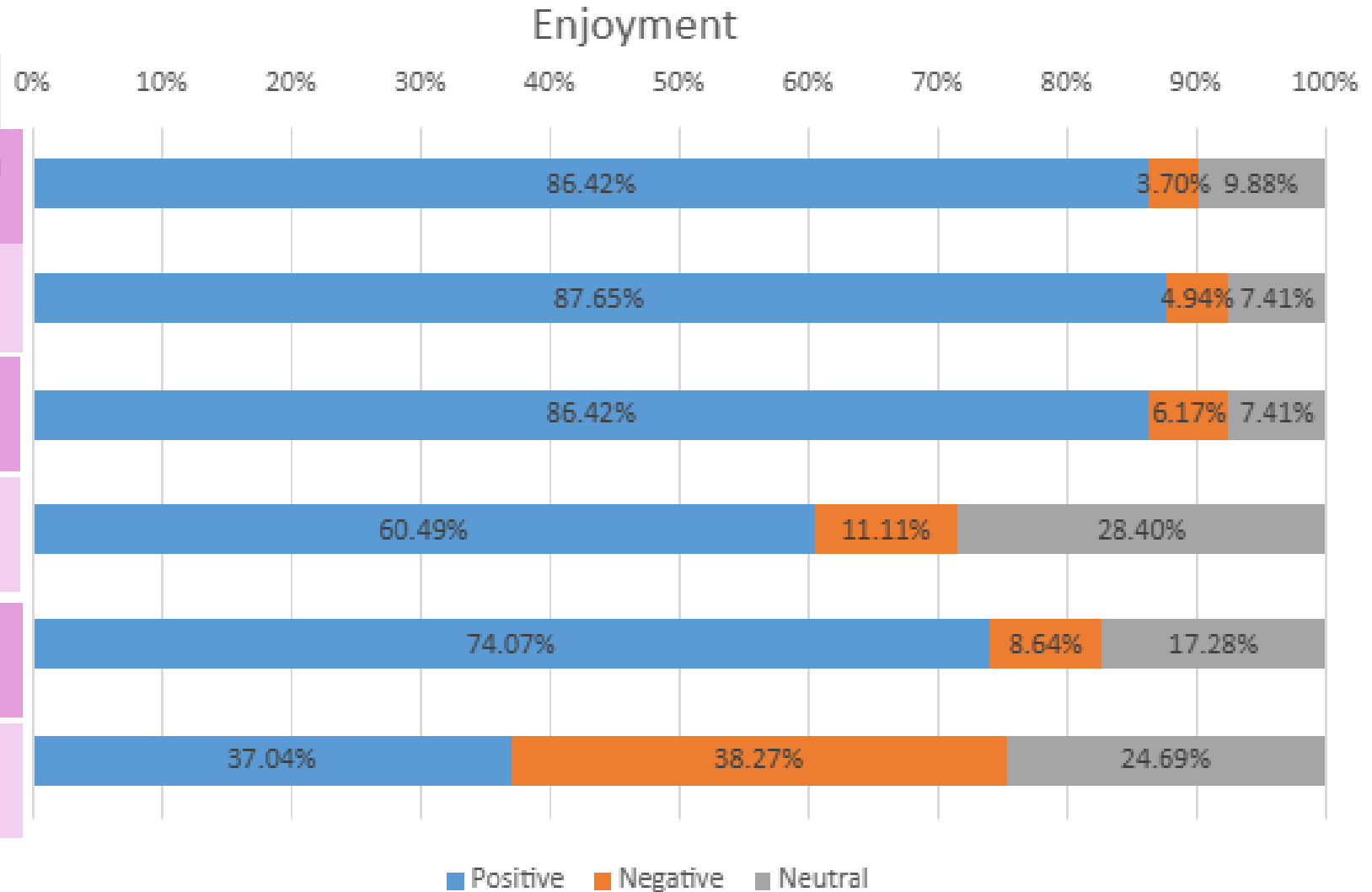
The game made the learning experience more fun

I would like to use similar games in future learning activities

The game reduced the stress or pressure I usually feel during tasks.

I felt a sense of achievement when completing the game

I have prior experience using gamified learning material



Results

Design

The game had clear goals that helped me understand what I needed to do.

The game provided support and guidance that helped me improve or stay on track.

I felt in control of my learning while using the game.

Time passed quickly while I was using the game.

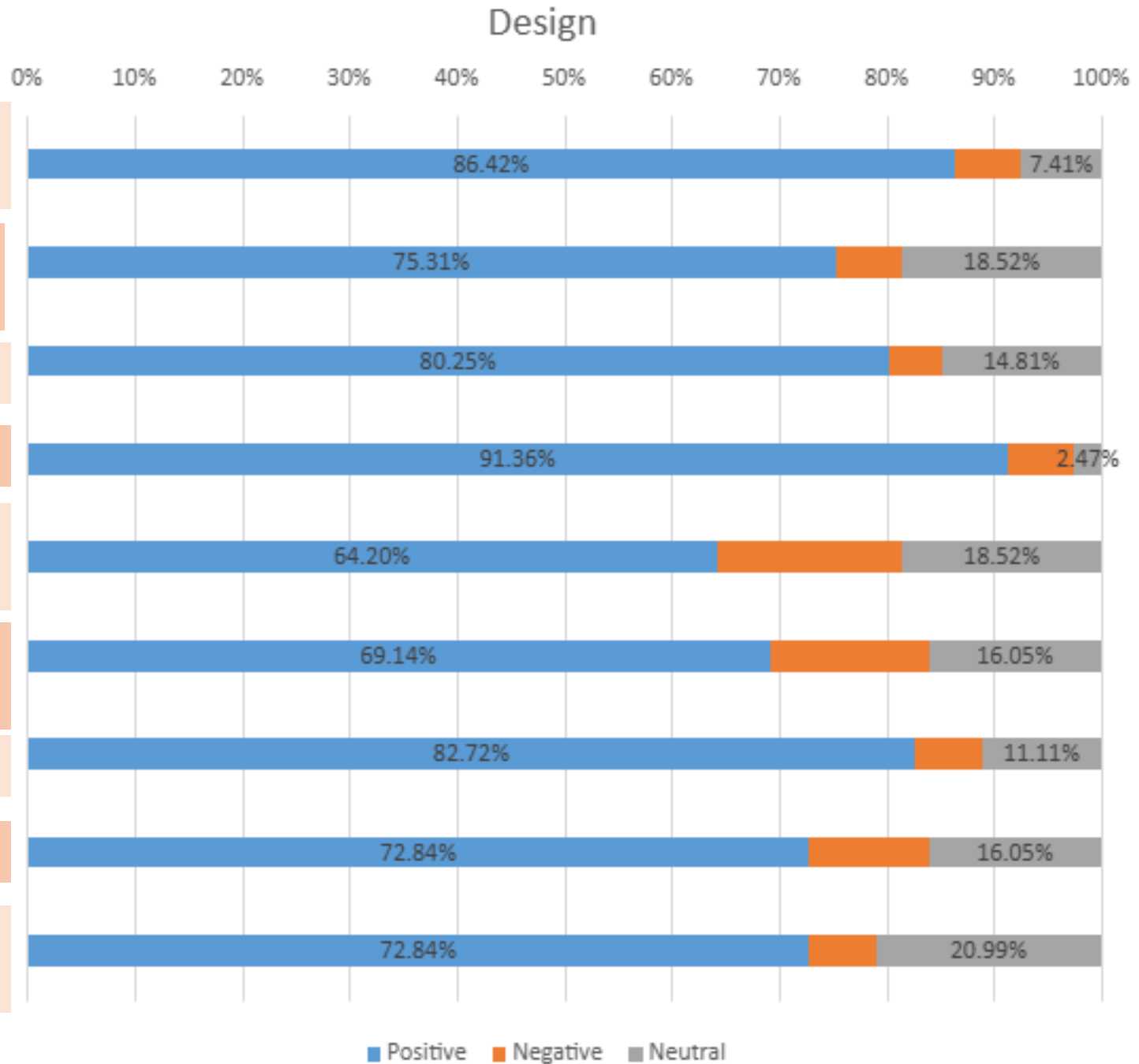
I was so focused on the game that I didn't notice distractions around me.

I wasn't worried about how I appeared to others while using the game.

The game was appropriately challenging

The game matched my skill level

I found the game enjoyable in itself, not just because it was part of the lesson.



Results

Sample: N = 207

Responses: n= 82 (39.61%)

Outcome

This game helped consolidate my self-directed learning from course modules.

This game enhanced my understanding of the topic.

This game was a useful resource to aid with assessment of learning and understanding.

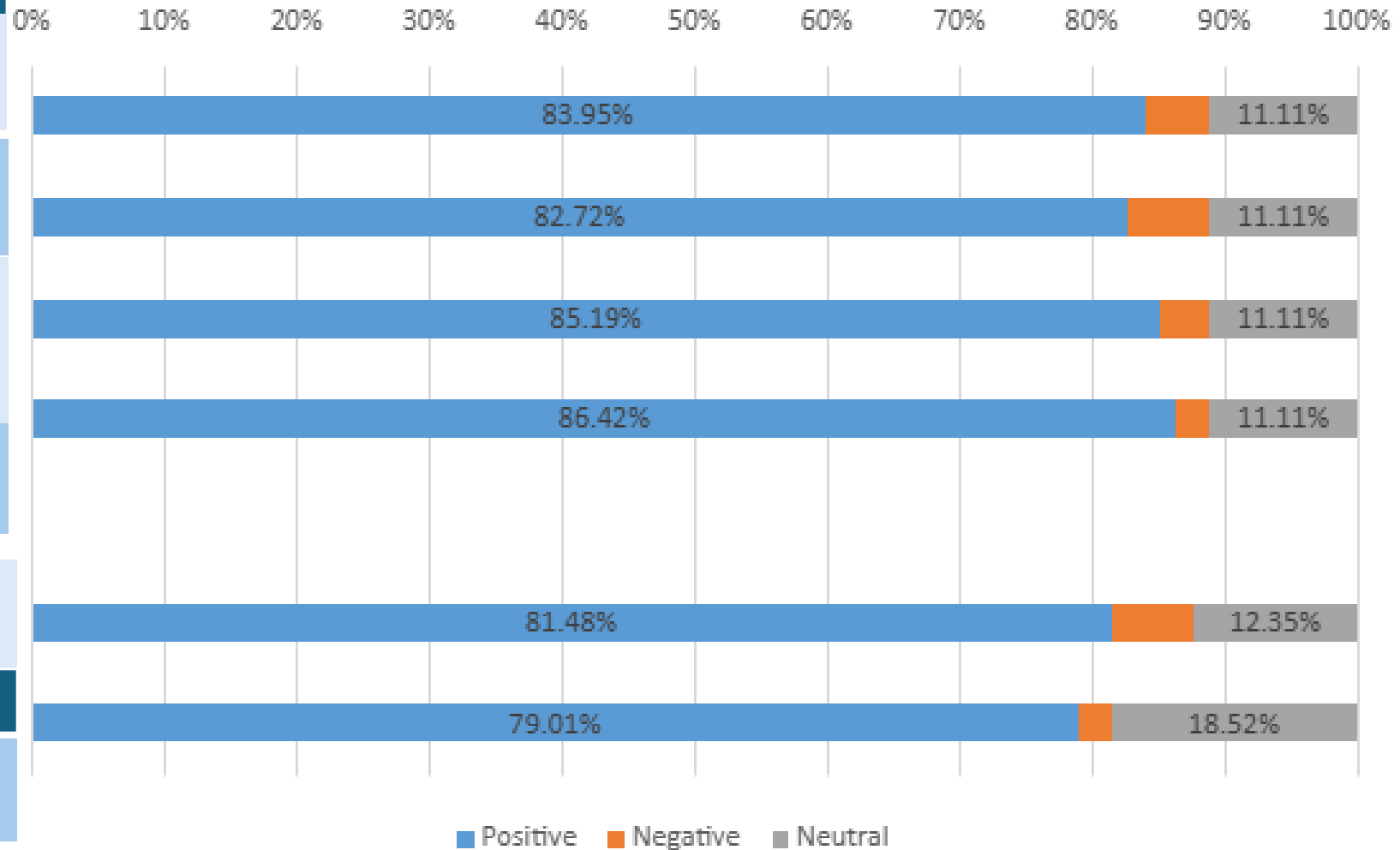
The game met the learning objectives of the session.

Compare group discussions on a written task, against using the online game to aid discussion.

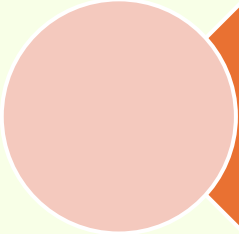
Comparison

Compare working alone on a written task, to working alone on an online game.

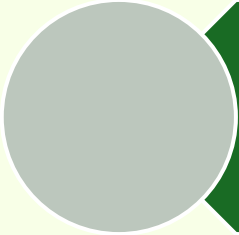
Outcome and Comparison



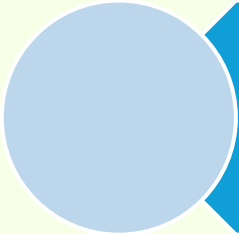
Conclusions



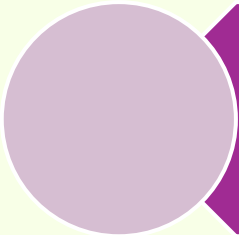
The game worked effectively to boost engagement and enjoyment in the task



Flow theory was demonstrated in reduced stress



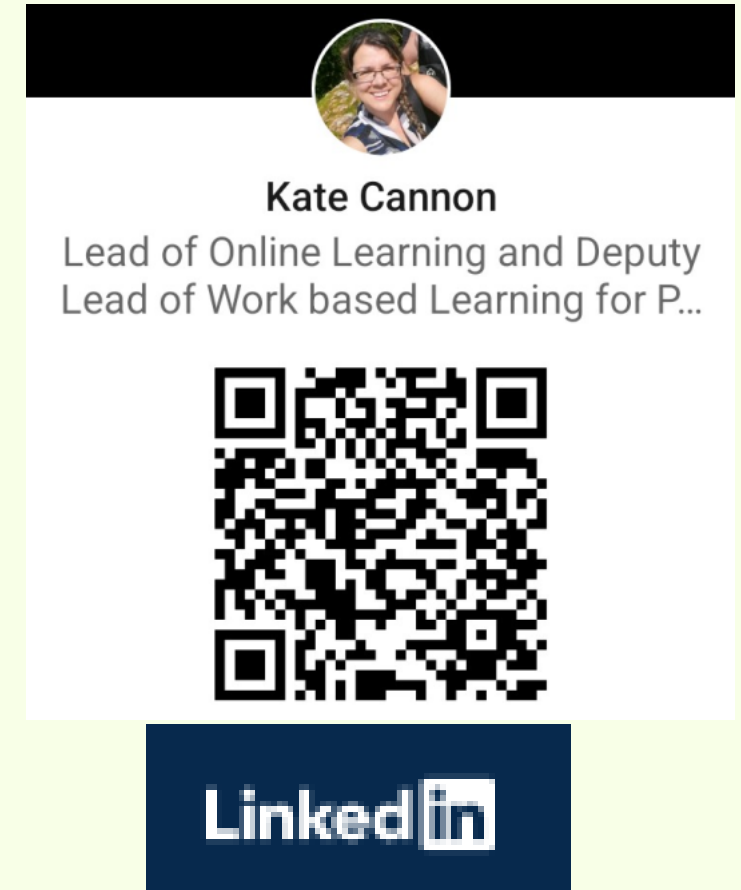
Design was effective to aid flow theory



Collaboration goal only partially met

References

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www.linkedin.com/in/kate-cannon-uea

Kate.cannon@uea.ac.uk



PHARMAGOGY & UNIVERSITY OF BIRMINGHAM

Training & Development Needs of the UoB MPharm Professional Experience Programme

*A qualitative multi-method investigation into placement supervision across
Community, Hospital and General Practice settings*

Indy Dehele, University of Birmingham
Anthony Cox, University of Birmingham
Peter Rainger, CEO Pharmagogy Ltd

Why is this important?

- UoB School of Pharmacy is scaling its MPharm placement programme due to increased numbers and the GPhC's 2021 Standards for Initial Education and Training of Pharmacists (IETP) .
- A new MPharm curriculum rolled out in 2023, creating an immediate need to identify and prioritise interventions ahead of scale-up.
- Independent prescribing (IP) status from 2026 raises the bar for clinical supervision capability across all placement sectors.

150

Community supervisors
(~15% annual turnover)

30

External sector leads
supporting supervisors

3

Clinical placement domains
(Hospital, GP, Community)

Four research aims



SWOT of Placement Provision

Investigate strengths, weaknesses, opportunities and threats from both supervisor and student perspectives.

Four research aims



SWOT of Placement Provision

Investigate strengths, weaknesses, opportunities and threats from both supervisor and student perspectives.



Intended vs. Experienced Curriculum

Explore the gap between intended and experienced curriculum across community, hospital and GP sectors.

Four research aims



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Explore the gap between intended and experienced curriculum across community, hospital and GP sectors.



Barriers to Engagement

Identify wider barriers to ongoing supervisor engagement and scope for scaling up student numbers.

Four research aims



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Explore the gap between intended and experienced curriculum across community, hospital and GP sectors.



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Identify wider barriers to ongoing supervisor engagement and scope for scaling up student numbers.



Improvement Opportunities

Surface educational, programme, operational and training development needs.

A rapid, mixed-method approach

1



Desk research

Review of curriculum model, placement strategy, handbooks and QA procedures.

A rapid, mixed-method approach

1

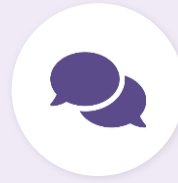


Desk research

Review of curriculum model, placement strategy, handbooks and QA procedures.



2



Semi-structured interviews

Student reps, then supervisors & leads across community, hospital and GP, framed by Harden's teacher-role model.

A rapid, mixed-method approach



Intended, enacted & experienced curriculum

Intended curriculum

The formal university programme plan



Enacted curriculum

What supervisors actually deliver on placement



Experienced curriculum

What students actually experience

Intended, enacted & experienced curriculum

Intended curriculum

The formal university programme plan



Enacted curriculum

What supervisors actually deliver on placement



Experienced curriculum

What students actually experience

Harden's 6 teacher-role domains



Information Provider



Role Model



Planner



Resource Creator



Assessor



Facilitator

Survey of the placement network

After the primary interviews, a survey tested whether interview themes generalised across the wider supervisor network and gathered agreement on proposed next steps.

41

supervisor responses
across all three sectors



Training & development needs

What supervisors feel they need to do the role well



Barriers to engagement

What stops supervisors engaging fully with the programme



Agreement on next steps

Level of support for proposed programme actions

Academic & operational themes

ACADEMIC

- Students can take a passive role, workbook completion isn't consistently monitored.
- Placement Feedback Form (PFF) loses value in Years 2 - 4 once minimum standards are already met.
- Workbooks are valuable for independent learning, but contextualisation varies by provider.

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OPERATIONAL

- Knowing the student's year/level in advance is the single biggest driver of placement quality.
- Supervisor expectations for mentoring are inconsistently understood.
- Lack of 'protected time' and competing commercial priorities limit day-to-day engagement.

Strengths, challenges & insight by sector



Community

STRENGTHS

- Positive experience reported by students and supervisors
- Booklet & workbooks give useful structure

CHALLENGES

- Low-stakes, ~25% learn more from part-time jobs
- Locum cover & lack of protected time hurt quality

Heart of the profession, but carries no commercial ROI for hosting UG placements.

Strengths, challenges & insight by sector



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Hospital

STRENGTHS

- Rich multidisciplinary team exposure
- Good hospital, university communication

CHALLENGES

- No reimbursement for supervision time
- Junior rotational staff often lack teaching expertise

Most established sector, but IP requirements will challenge non-IP supervisors.

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General Practice

STRENGTHS

- High-value case discussion & history taking
- Supervisors keen on research/leadership input

CHALLENGES

- NHSE tariff far below commercial value of time
- Variable service maturity & pharmacist availability

Newest sector, greatest scope to scale capped by funding and IP capacity.

87% want more training support

Of 41 supervisors surveyed agreed or strongly agreed they would value the following:



Training on structure, learning outcomes & professional practice expectations for MPharm students



An online community space to share ideas, raise questions and get advice from peers

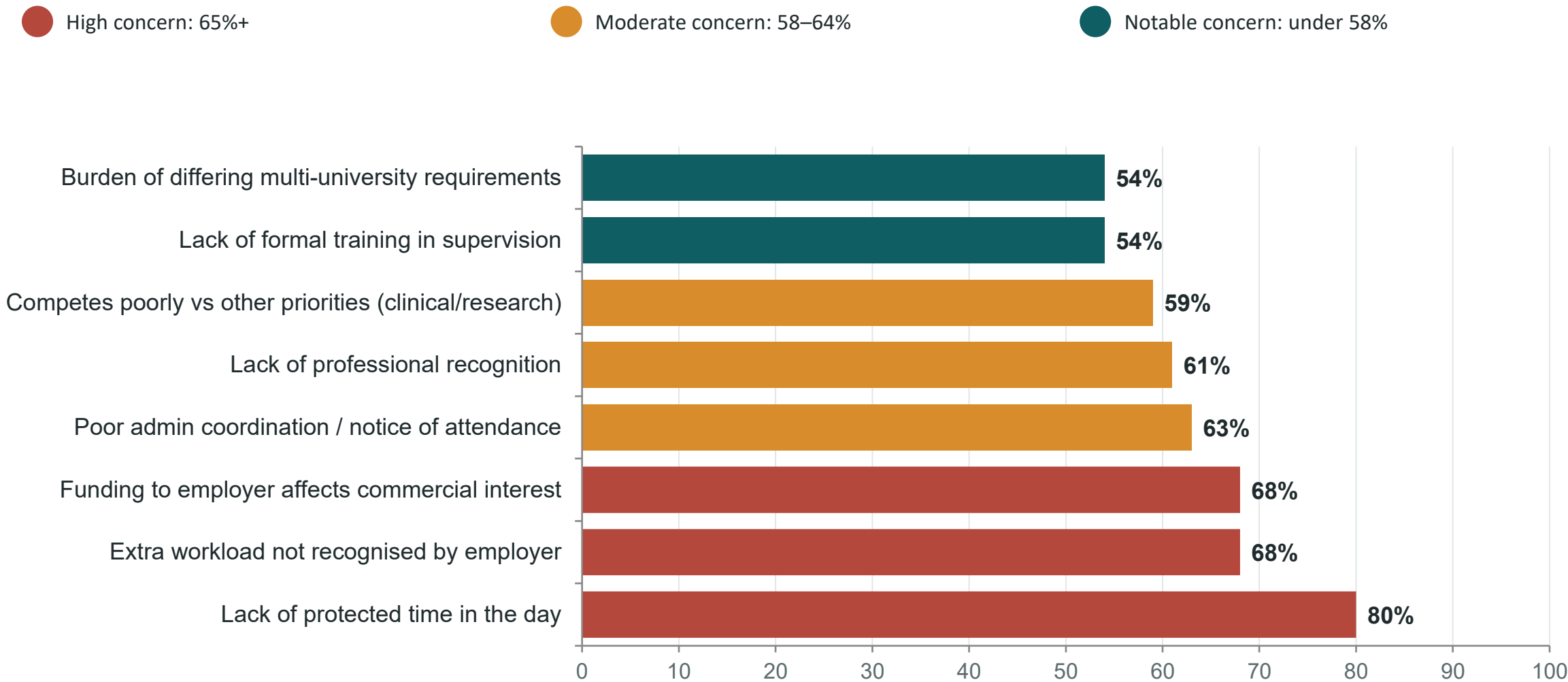


A 'supervisor crib sheet' for specific pharmacy tasks



Online 'bite-size' training in coaching, mentoring, assessing and giving feedback

Barriers to ongoing supervisor engagement



Five priorities for the MPharm team

1



Digital placement system

A new system to support, manage and coordinate placements, the majority of supervisor concerns were operational/administrative.

2



Bite-size online training

Scalable training in coaching, mentoring, assessing and feedback, to manage growth and turnover sustainably.

3



Regular structure & expectations training

Keep supervisors current as curriculum and IP requirements evolve.

4



Supervisor crib sheets

Sector-specific, realistic task guides that share good practice for high-quality student activities.

5



Online community of practice

Peer-to-peer support space that builds a sustainable supervisor community and reduces reliance on university staff.

What's Happened Since

Progress on the recommendations, taken forward by the MPharm placement team



New Website



SAIPhE



Placement System



Working Groups

Exploring models to support the provision of pharmacy services in rural areas of the UK by utilising pharmacy students

¹ Lyn Hanning, ¹ Daniel Tadros, ¹ Eben Kierk, ¹ Tim Rennie, ² Valerie Clinard

¹University of Bath, Bath, UK ²University of California, San Francisco, USA

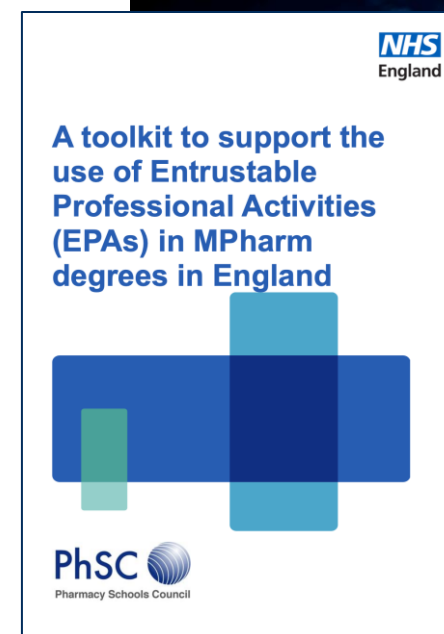
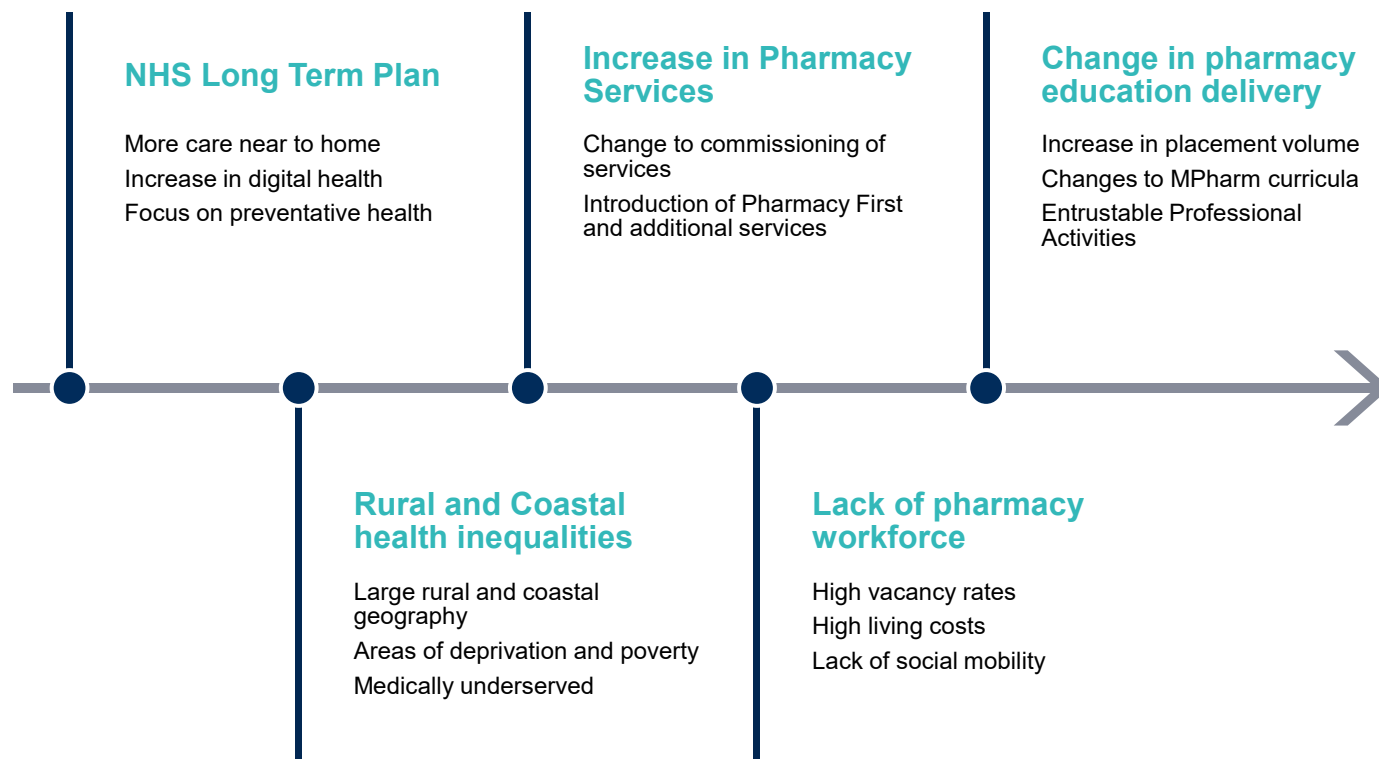


Aims and Objectives

- Identify gaps in the provision of pharmacy services in rural regions of SW England
- Explore opportunities for pharmacy students to provide services as supervised extenders



Context of the Project

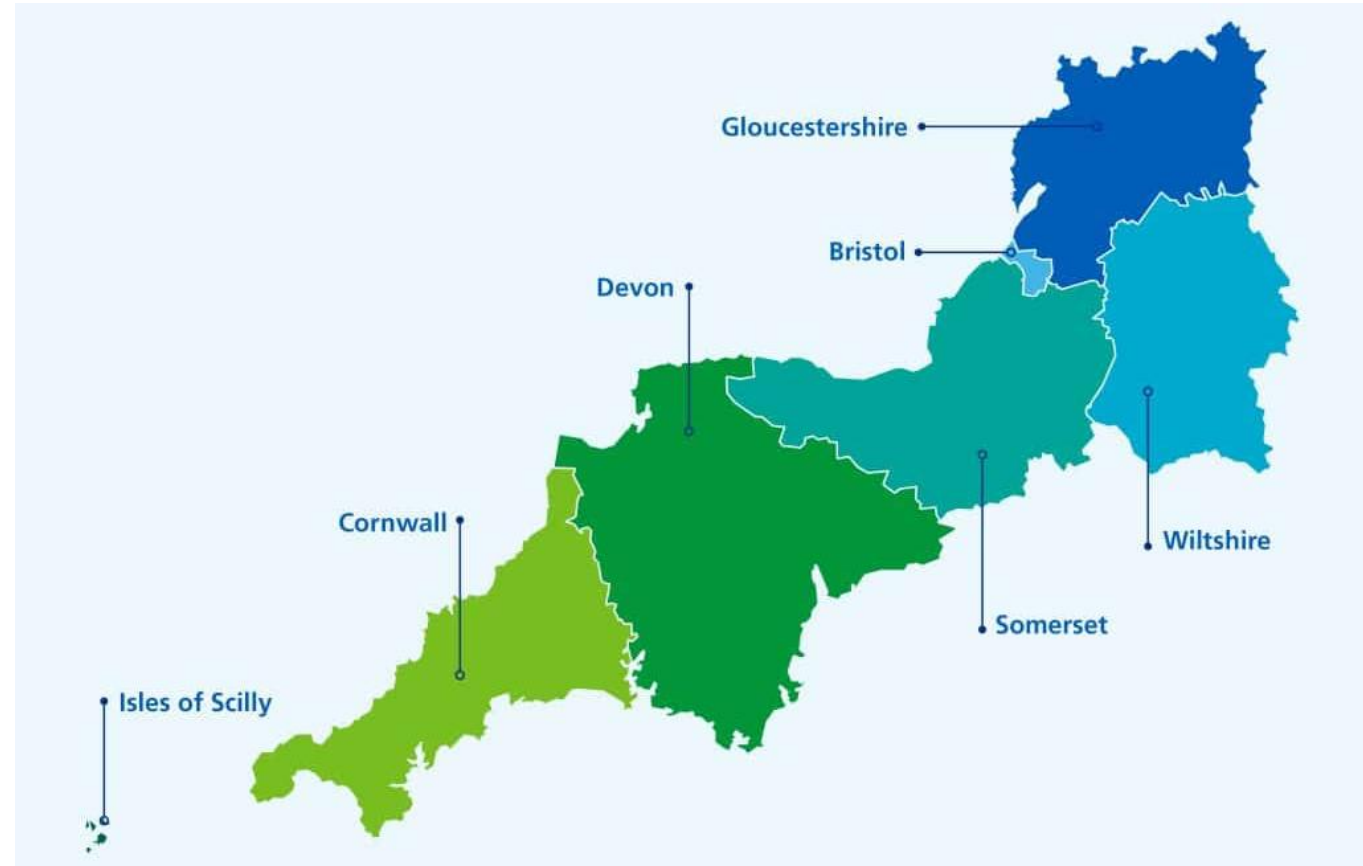


Methods

- Qualitative descriptive design informed by the Consolidated Framework for Implementation Research (CFIR)
- Qualified pharmacists in UK practice settings or professionals with a role in the commissioning of rural pharmacy health services were included
- Purposive sampling was used, and semi-structured interviews were conducted online via Microsoft Teams
- Transcripts analysed and initial deductive coding mapped to CFIR domains, supplemented by inductive coding for emergent themes
- Shared codebook developed

Results

- Eight Interviews conducted
- Participants worked in primary care either directly or commissioned primary care services
- Diverse range of experience in rural and coastal areas across Devon and Cornwall



Themes

Service
provision

Business and
economic
factors

Healthcare
system benefit

Placement
factors

External policy
and incentives

Geography
and social
factors

Student
factors

Patient benefit

Organisational
characteristics

Professional
and future
development

Results: Common Themes and Examples

Theme	Example
Service Provision	"I feel like pharmacy students could do vaccinations"
Business & economic factors	"Increased capacity, future pipeline for people that I would feel would be trained to do it well. Because, we'd like to think we'd train them well..."
Healthcare system benefit	"it takes pressure off the Drs..."
Placement factors	"I think in second and third year it's only short placements for a week or two. There's not really much you can do in that time."
Patient benefit	"...obviously it helps patients because they don't have to go to the GP and queue. Particularly things like contraception, Pharmacy First and also because..... you can walk in at any time, particularly weekends."
Student factors	"...I think it depends on which service, and I think it would be levelled. at which level and point within the pharmacy degree the student is at."

Results cont.

Theme	Example
Geography and social factors	“We’ve got an elderly population, some of them are great with technology, others not so much.”
External policy and incentives	“It would just help us, increase the number of appointments and extra resource as well and it will increase the finances as well.”
Organisational characteristics	“We’d need to make sure that was all covered from a governance and insurance point of view”
Professional and future development	“they provide a way for me to use my independent prescribing skills, because I've been an independent prescriber for (sic) ... 5-6 years...”

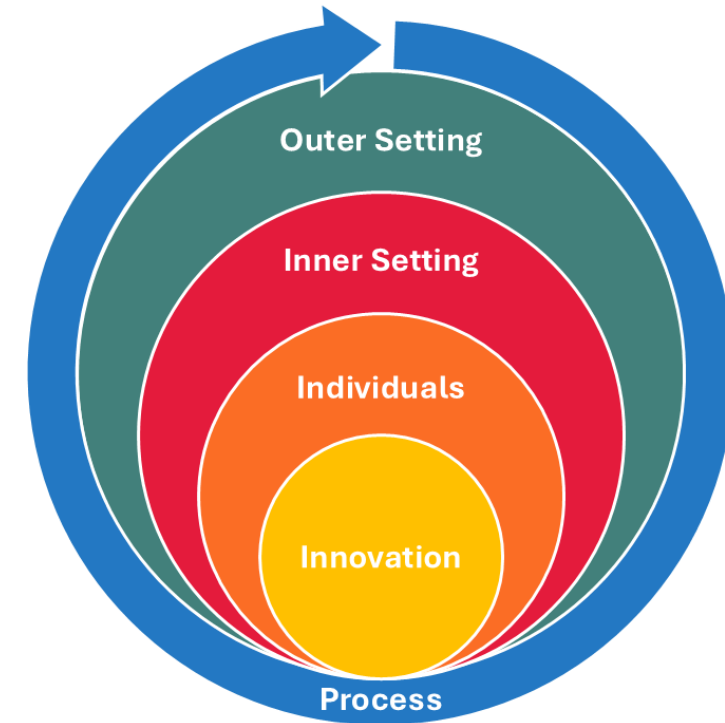
CFIR Determinants

Outer setting – financial pressures, technology, travel and accessibility

Inner Setting – workload, workflow integration, staffing capacity

Characteristics of Individuals – supervisor readiness, student capability and readiness, digital literacy

Innovation characteristics – alignment with nationally commissioned services, training and support requirement



Key Findings

- There are a **broad range of services** delivered in rural community pharmacies in the SW of England
- Service provision shaped by **access to healthcare, dispersed communities, long travel distances and limited connectivity**
- **Workforce capacity and funding** emerged as key constraints
- Pharmacy students were perceived as having potential to contribute to service delivery by **extending capacity and improving access**
- Student contribution is dependent on **appropriate training, supervision, variable readiness for student entrustment**
- **Organisational factors** including travel, access to systems and financial arrangements must be considered

Conclusion

- The use of students seen as a positive
- Successful implementation requires targeted strategies addressing supervision, entrustment training, workflow integration and financial sustainability
- **Next Steps**
 - Further integration of EPAs to support activities
 - Pilot use of students to deliver specific services (eg Hypertension)

Acknowledgements

MPharm4 students – Daniel Tadros and Eben Kierk

Dr Tim Rennie

Participants across primary care and commissioned settings

References

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<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>





Have you ever
attended a conference
and met someone
you wish you had
noted their contact
details?



Have you ever met someone
at a conference that you
know would be able to
collaborate with a colleague
you work with,
but did nothing about it?

Make things

happen at **PES2026**



Student perception of an online inter-professional workshop for veterinary pharmacy

- **Dr Helen Hull – University of Portsmouth**
- **Dr Martin Hawes – University of Surrey**



IPE WORKSHOP – OUR METHOD

-  **1** Veterinary and pharmacy students were assigned to **inter-professional groups** of 6–8 students.
-  **2** The workshop was conducted on **Zoom**; students joined from home.
-  **3** Groups worked through questions relating to **medicines for animal patients, dose calculations, prescription reviews and safe storage and dispensing of medicines.**
-  **4** Academic staff **facilitated** the session and **provided support.**
-  **5** Students provided **feedback** following the workshop.

IPE WORKSHOP – PARTICIPATION



The session was
attended by

205

students



137

veterinary



68

pharmacy



99 students completed
the feedback survey

99



61

veterinary



38

pharmacy

IPE WORKSHOP – FINDINGS

Student feedback was overwhelmingly positive



reported interaction
with students from
another discipline
enhanced their learning

.....

 **42** veterinary

 **33** pharmacy



stated the session will
improve their communication
with other professions
after graduation

.....

 **53** veterinary

 **37** pharmacy



said the session helped them
understand the value of
collaboration with other
professions

.....

 **53** veterinary

 **38** pharmacy



said the session
should be run again
in future years

.....

 **56** veterinary

 **37** pharmacy



The findings provide compelling evidence of student perceived benefit.

1



Online teaching became routine during the Covid-19 pandemic and presents an additional opportunity for IPE.

2



Student feedback from this IPE workshop was overwhelmingly positive, providing compelling evidence of student perceived benefit.

3



The workshop overcame financial, timetabling and availability of suitable teaching space challenges.



Online IPE is a valuable approach that is flexible, effective and overcomes key barriers.



References

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2. Adcock, K.G. and Earl, S. (2023) Interprofessional education tracks: One schools response to common IPE barriers. Currents in Pharmacy Teaching & Learning, 15(5):528-533.



A pilot study to assess the impact of a longitudinal Work Integrated Learning for 2nd year Pharmacy Students

Associate Professor Sue Kirsa, Director of Pharmacy, Monash Health
06 July 2026

BACKGROUND AND STUDY AIMS

- **Current state**

- Australian accreditation focus is outcomes-based
- Work Integrated Learning (WIL) is traditionally late-stage block placements



- **Study Objective**

- Evaluate the feasibility of regular workplace exposure for 2nd year students



- **Comparative Focus**

- Assess the impact of longitudinal placement for 2nd year students vs. block placement for 3rd year students

STUDY METHODOLOGY

2nd Year Cohort (P2) Longitudinal



1 day per week for 12 weeks (Longitudinal)



n = 12 students

3rd Year Cohort (P3) Block



5 days per week for 2 weeks (Block)



n = 10 students



Quantitative Data:

Pre/Post surveys (5-point Likert) – Statistical Analysis



Qualitative Data:



Open-ended items and Focus Groups – Thematic Analysis



Data Integration:

Data Triangulation (Merging qualitative and quantitative findings)



PLACEMENT CONTEXT: TASKS AND ASSESSMENTS

P2 Longitudinal Model

Training:

- 2-day hospital training to establish clinical safety foundations

Entrustable Professional Activities

- Assessed on medicine supply and discharge counselling

Design

- Primarily dispensary-based to build operational confidence; ward exposure as workload permitted

P3 Block Model

Training:

- No site-specific pre-training - Drew on direct OSCE/simulation application

Entrustable Professional Activities

- Assessed on BPMH-taking, pharmaceutical reviews, discharge prescriptions review and discharge counselling

Design

- Supervised ward practice; full clinical immersion



RESULTS: PLACEMENT ENJOYMENT

P3 Cohort
Block

Median (IQR): 5 [5- 5]

P2 Cohort
Longitudinal

Median(IQR): 4 [4 - 4]

Statistical analysis revealed higher placement enjoyment among P3 cohort, correlating with increased bedside engagement ($p=0.18$ effect size $(r)=0.596$)



RESULTS: PERCEIVED WORKPLACE CONTRIBUTION

P3 Contribution Shift pre- to post-:

Effect size (r)=0.471

$p = 0.046$

- Only P3 cohort reported a significant positive shift in perceived workplace contribution
- P2 cohort maintained a baseline perception of contribution



RESULTS: QUALITATIVE THEMES

The Evolving Learner



Developing Professional Aspirations

P2: Broadening horizons: fuel for “passion-seeking”

P3: Definitive career intent: “Aiming to be a hospital pharmacist”

Learning Engagement

P2 (Observational): “Understanding real-world communication through observing preceptor”

P3 (Active): Using references to solve real medication related problems

The Placement Blueprint



The Placement Blueprint:

Learning Focus and Collaborators

P2: Learned pharmacy operations and from peers + pharmacy technicians

P3: Clinical tasks from supervising pharmacists

Evaluating Placement Design

P2: Longitudinal model created clash between dispensary duties and ward activities

P3: Valued varied rotations; more hands-on tasks



RESULTS: SUPERVISORS VIEW



Clinical Entrustment Readiness

Supervisors perceived P3 block students as markedly more prepared for independent clinical task entrustment, reflecting the utility of advanced curricular scaffolding.



The Reciprocal Learning Catalyst

A theme emerged demonstrating mutual institutional benefit: Student inquiries helped staff reinforce their knowledge and prompted supervisor self-reflection on their practice and knowledge.



DISCUSSION & CONCLUSION



STAGE-APPROPRIATE OUTCOMES

Both models foster different but essential outcomes based on student maturity.



FOUNDATIONAL SKILLS

The longitudinal model is effective for developing operational skills in early-stage (P2) students.



CLINICAL IMMERSION

The intensive block model is optimal for promoting active clinical participation and a sense of workplace contribution in later-stage (P3) students.



TAILORED DESIGN

Educators must purposefully align WIL models with specific developmental stages and learning objectives.



ACKNOWLEDGEMENTS



Research Team

- Elaine Bong
- Samuel Shepherd
- Daniel Malone
- Kirsten Galbraith
- Simon Furletti
- Samanta Wood (nee Lalic)



Participants

- P2 and P3 Monash University student participants
- Faculty of Pharmacy and Pharmaceutical Sciences, Monash University Pharmacy Department, Monash Health



References

Australian Pharmacy Council. Accreditation standards for pharmacy programs 2027. Canberra: APC; 2026



Centre for Medical Officer Recruitment and Education

Building Workforce-Ready Prescribers Through Pharmacist-Led Entrustable Professional Activity Feedback

Kylie Mueller

Senior Pharmacist – Queensland Health

Principal Medical Education Officer, Royal Brisbane and Women's Hospital

Conjoint Associate Lecturer University of Queensland

Metro North Health's vision

Creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

Metro North
Health



Queensland
Government

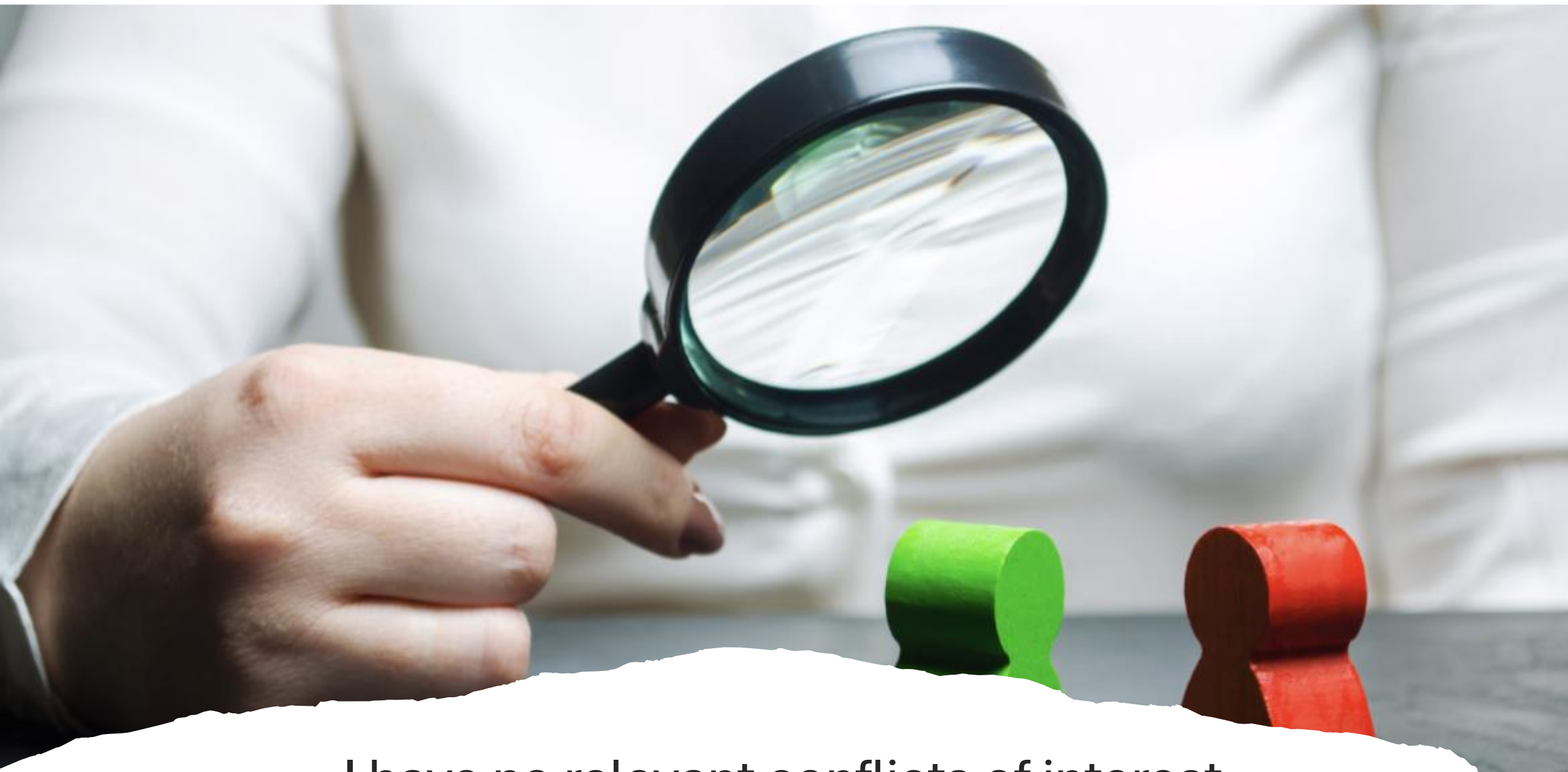


**The Royal Brisbane
and Women's Hospital
and Metro North
Health acknowledges
the Turrbal and
Yagara Traditional
Custodians of the
land upon which we
live, work and walk,
and pay our respects
to Elders past and
present.**

**Metro North
Health**



**Queensland
Government**



I have no relevant conflicts of interest

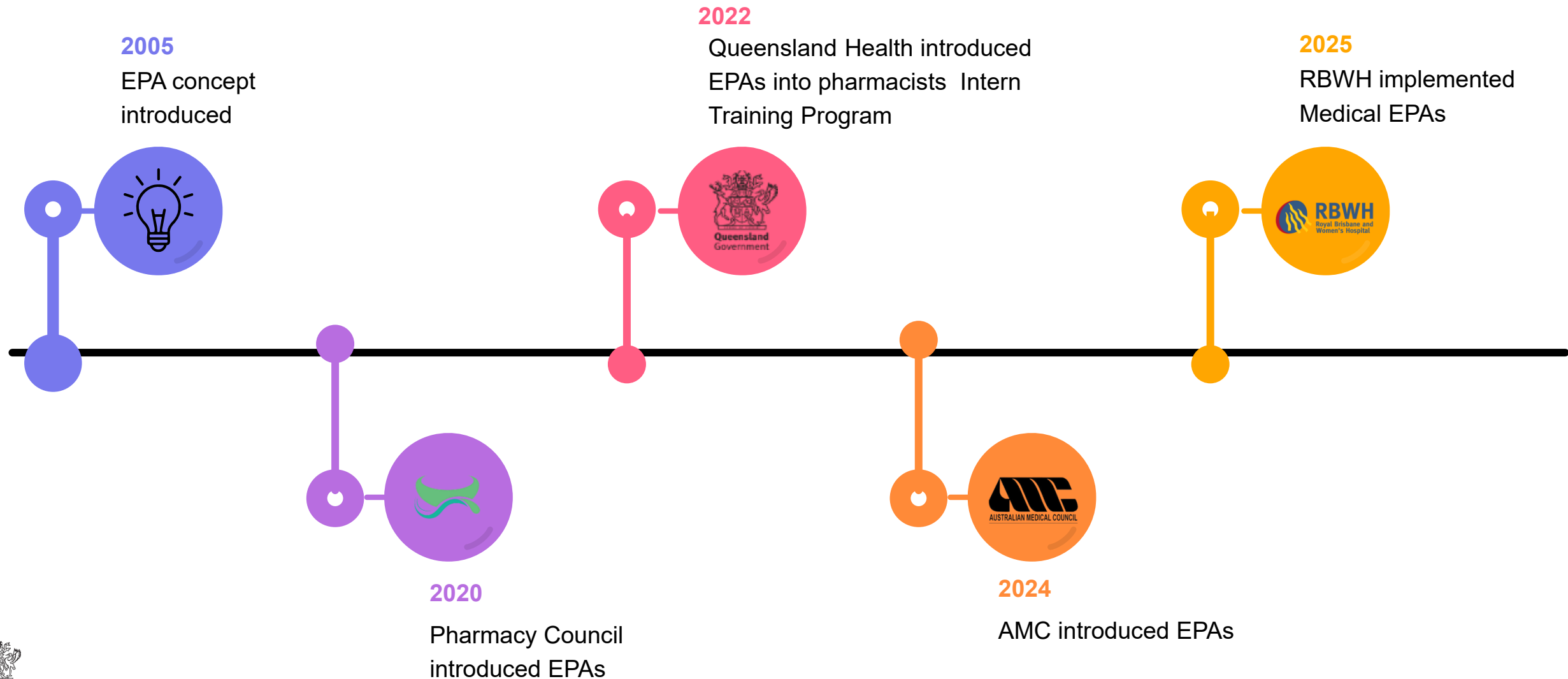
Entrustable Professional Activities

Entrustable Professional Activity

“a unit of professional practice (a task or group of tasks) that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised”

Dr. Olle Ten, Paeditrician and Medical Educator

Background



Aim

To evaluate the role of pharmacists as multidisciplinary educators within EPA-based prescribing feedback and their contribution to junior doctors' prescribing competence and confidence.



Methods

- Education
 - Senior Medical Staff
 - Junior Medical Staff
 - Allied Health and nursing

SCENARIO: You ask the pharmacist to check discharge scripts.

EPA 3: Prescribing

Prevocational Doctor Name:	Dr Rita Book
Prevocational Doctor Position:	PGY2 – JHO
Rotation Name:	GARU
Term Number:	Term 1
EPA Assessor Name:	Barry Mundy
EPA Assessor Position:	Pharmacist
Term Supervisor:	Dr Paige Turner
Date of EPA:	07/08/2023

Description

The task descriptions relevant to this assessment are:

1.	obtain and interpret medication histories
2.	respond to requests from team members to prescribe medications
3.	consider whether a prescription is appropriate
4.	choose appropriate medications
5.	where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
6.	actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
7.	provide instruction on medication administration effects and adverse effects, using appropriate resources
8.	elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
9.	write or enter accurate and clear prescriptions or medication charts

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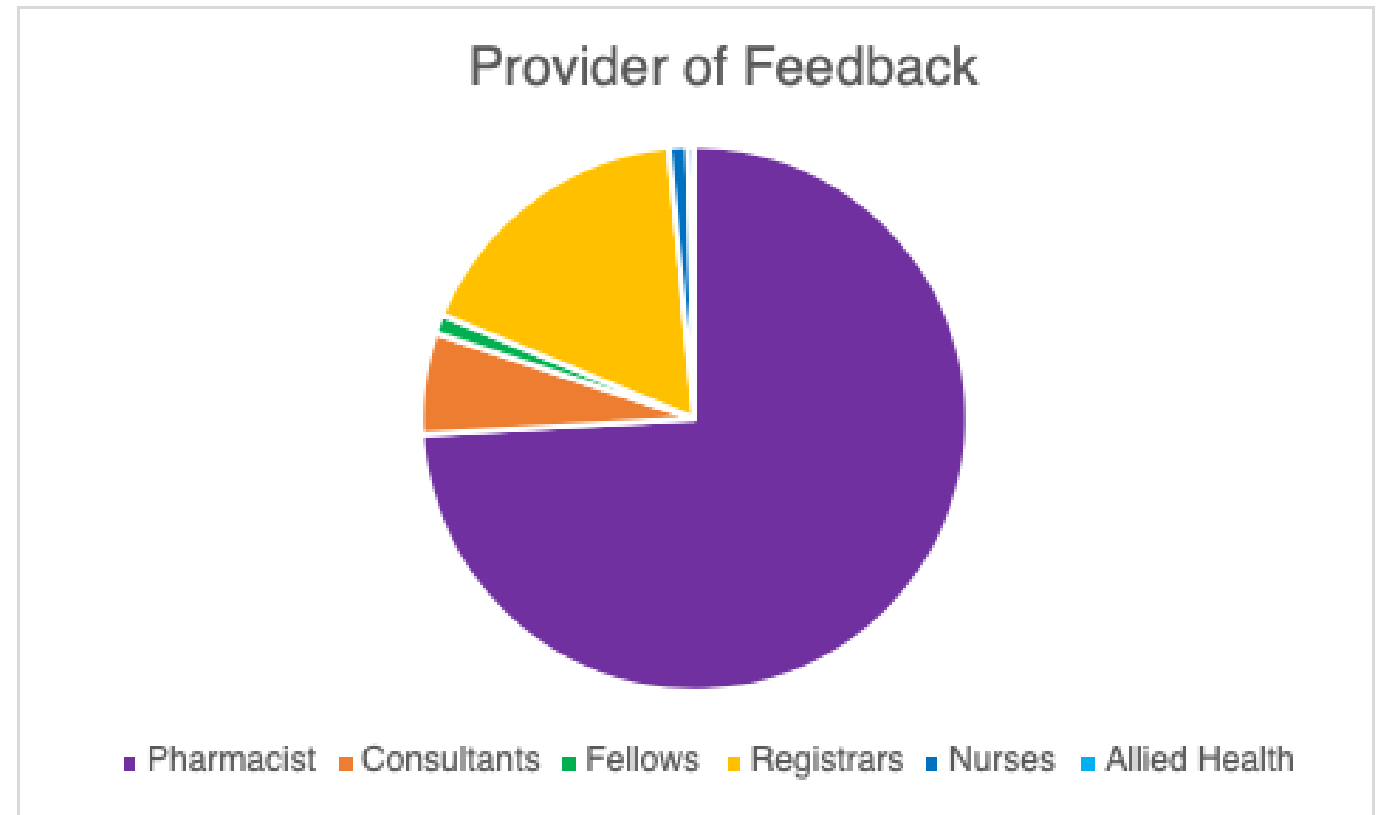
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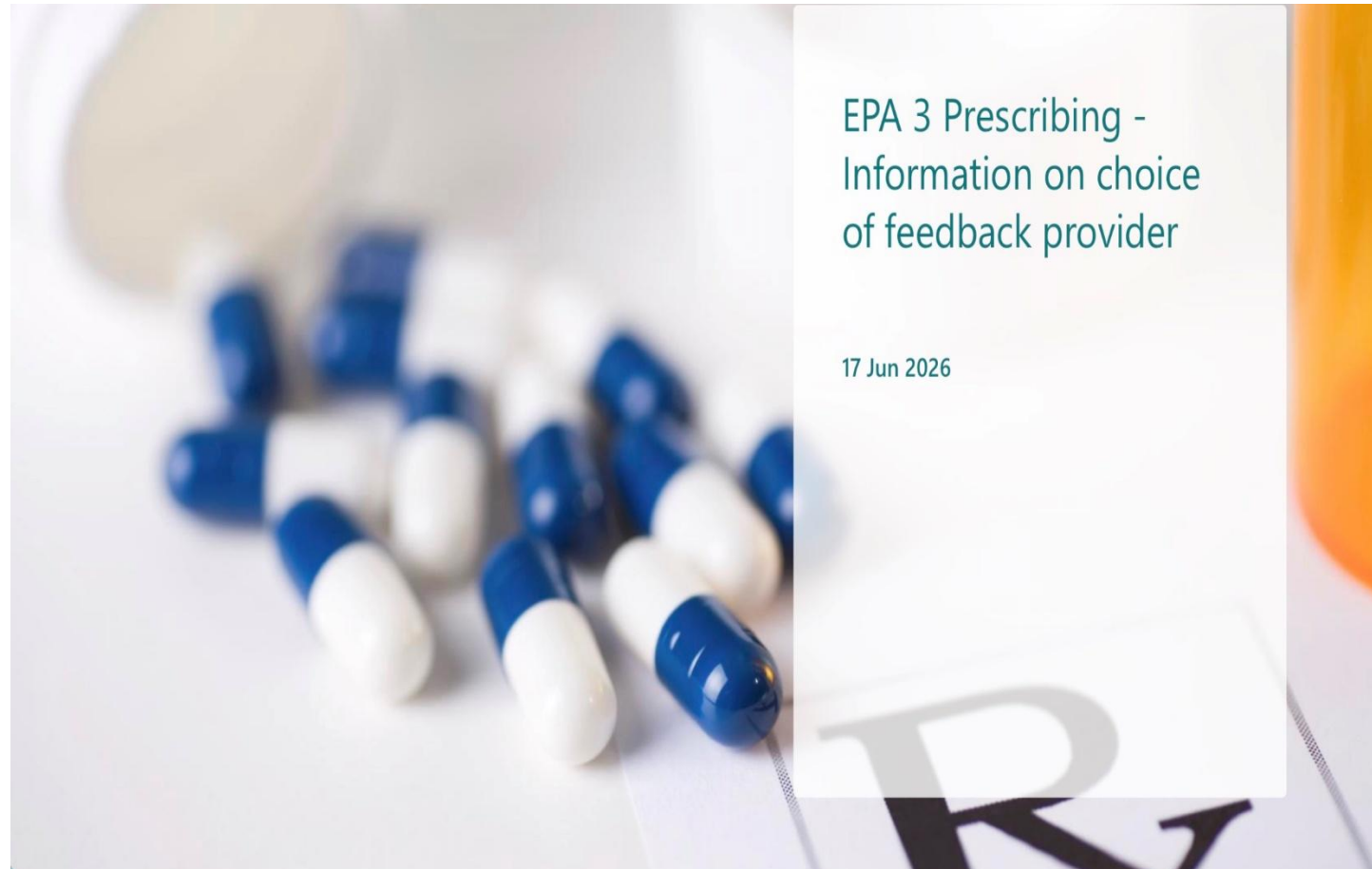
Methods

- Education
 - Senior Medical Staff
 - Junior Medical Staff
 - Allied Health and nursing
- Data



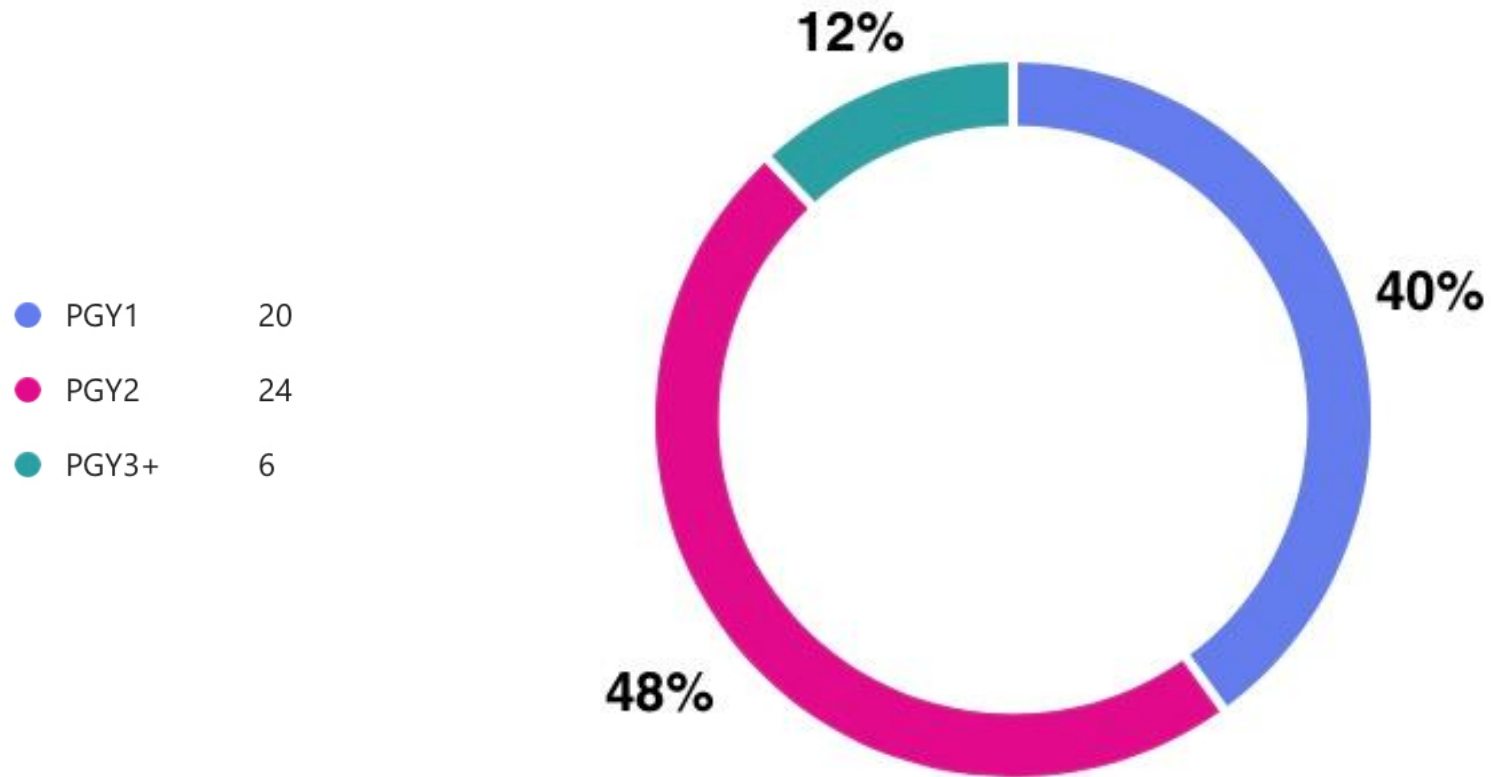
Methods

- Education
 - Senior Medical Staff
 - Junior Medical Staff
 - Allied Health and nursing
- Data
- Survey



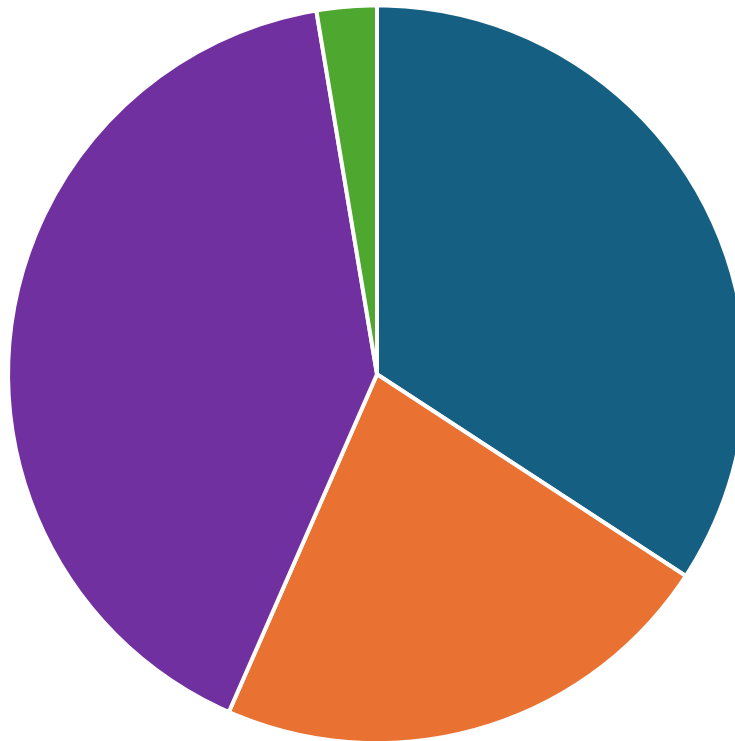
Results

Distribution of RMOs Completing Survey



Results

Why did you choose for a pharmacist to complete your EPA 3?



■ Expertise ■ Quality of Feedback ■ Ease of access ■ Other

Conclusion



References

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- Noble C, Coombes I, Shaw PN, Nissen L, Clavarino A. Becoming a pharmacist: the role of curriculum, workplace learning and professional identity formation. *Pharm Educ*. 2014;14(1):55–63.
- Pharmacycouncil.org.au. (2023). *Dispensing medicines EPA 1 - Preceptor and intern user guide*. [online] Available at: <https://www.pharmacycouncil.org.au/workplace-based-assessment/wba-tools/Dispensing-medicines-EPA-1-Preceptor-intern-user-guide/>.