Student-led development of group working guidance

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Objective

To develop guidance for students on group working, and for this to be led and be driven by students themselves.

Method

Stage 1
Student focus groups undertaken with current undergraduates

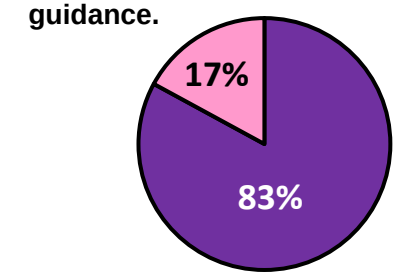
Stage 2
The content was informed by the literature on group work barriers.[1,2,3]

Stage 3
Key teaching staff were interviewed to comment on the draft guidance.

- The guidance was shared with Year 1 MPharm student groups working on a problem-based learning scenario.
- They were invited to complete an online feedback questionnaire, including:
  - One 5-point Likert scale on how useful the guidance was.
  - Two open questions on improvements and further comments.

Results

Of 86 students, 41 (48%) used the guidance.



Most students who found it useful felt the guidance provided clear and precise information and helped improve team communication.

Perceived issues included:
- Lack of availability of the guidance
- It did not resolve all issues some groups experienced, including the issue of 'free riders'

More guidance needed on:
- Managing power imbalances
- Organising meetings and tracking progress
- Addressing or reporting individuals who did not engage.

Conclusions

- **Overall, this first iteration of the group work guidance was shown to be of some use to students.**
- **Further development of the guidance is needed for certain issues including engaging with students perceived as 'free riders' and dealing with power imbalances within the group.**

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1. Tanjila F, Abdul K. Working in Groups outside the Classroom: Affective Challenges and Probable Solutions. International Journal of Instruction. 2019;12(3):341-58.
2. Comer DR. A Model of Social Loafing in Real Work Groups. 1995;48(6):647-67.
3. Beebe SA. Communicating in Small Groups: Pearson New International Edition : Principles and Practices. Harlow: Pearson; 2014.

Digital Literacy in Undergraduate Pharmacy Education: A Scoping Review

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What did we aim to do:

A **scoping review** conducted to explore educational, training, and assessment strategies for digital literacy used for undergraduate pharmacy students globally.

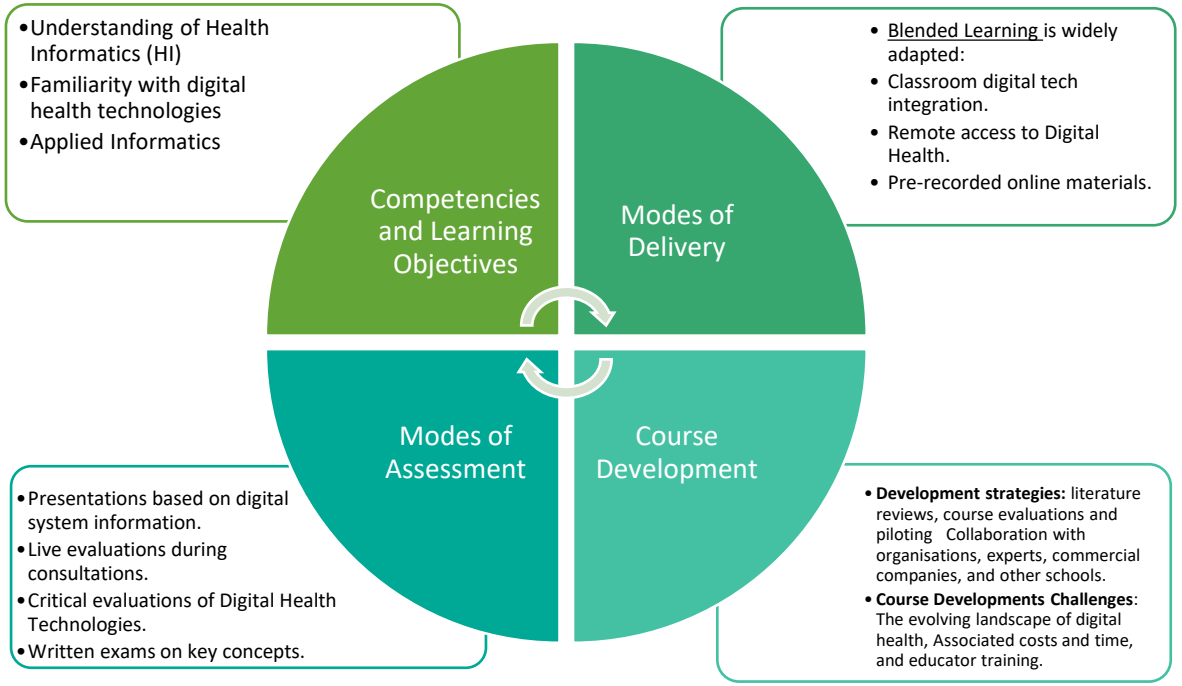
How did we do it:

- Database searched were **MEDLINE, Embase, Scopus, CINAHL, and PubMed**
- Studies focusing on **digital literacy education** (curriculum development, training approaches, assessment methods, and evaluation) for **Undergraduate pharmacy students and trainees worldwide**.
- **57 studies** reviewed out of 624 studies.

What did we find:

Scan this QR code to access the full article

4 main themes identified:



Key recommendations include

- Acknowledge the rapidly evolving landscape of digital health technology
- Ensure the curriculum aligns with emerging digital health technologies
- Report educational interventions in a standardised approach
- Partnership with stakeholders to facilitate development of digital literacy courses

References:
1. Silva RdOS, de Araújo DCSA, dos Santos Menezes PW, et al. Digital pharmacists: the new wave in pharmacy practice and education. International Journal of Clinical Pharmacy. 2022
2. Mantel-Teeuwisse AK, Mellanti S, Khatri B, et al. Digital Health in Pharmacy Education: Preparedness and Responsiveness of Pharmacy Programmes. Education Sciences. 2021;11(6):296.

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Digital Literacy Education for UK Undergraduate Pharmacy Students: A Mixed-Methods Study

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Aims

The study aims to explore the current and planned inclusion of digital literacy education in the Master of Pharmacy (MPharm) curricula of UK pharmacy schools.

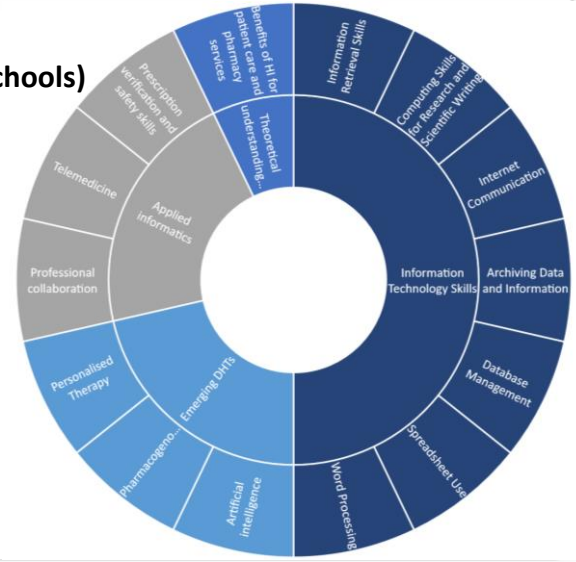
Methods

Phase 1 A **content analysis** of curricula from all General Pharmaceutical Council-accredited UK pharmacy schools (n=30)

Phase 2 14-item **questionnaire** based on Health Education England Digital Capabilities Framework,(1) was sent to academic representatives.

Results

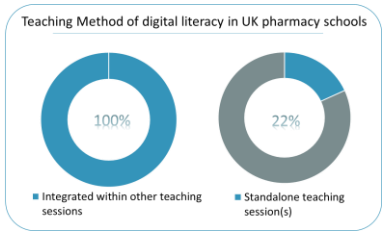
1/ Curricula Analysis (14 schools)

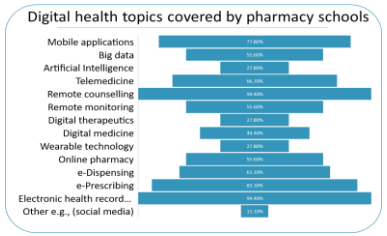


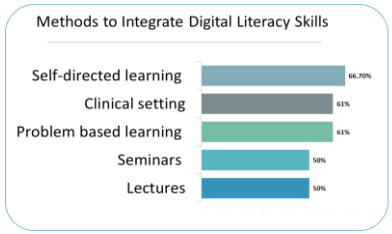
2/ Survey Findings (n=19)

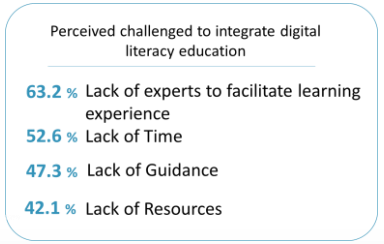
Table 1 Coverage of HEE Digital Literacy Competencies

1	The ability to find, manage, organise, store, and share digital information, data, and content.	(16/18)
2	The ability to use digital technologies and tools for personal learning and professional development.	(17/18)
3	The ability to use a wide range of digital technologies to communicate with people and to understand the different nature, purpose, and function of different methods of digital communication, acting accordingly and appropriately.	(13/18)
4	The ability to use a wide range of technical devices in a personal and professional context both individually and with others.	(11/18)
5	The ability to create new digital resources and/or curate existing ones working individually or in collaboration with others.	(7/18)
6	The ability to develop, promote and safeguard appropriate digital identity(-ies) that support a positive personal and organisational reputation.	(11/18)









Conclusions

- UK pharmacy schools commendably integrate digital literacy into MPharm curricula, yet **gaps persist** .
- Recommendations to enhance digital literacy in pharmacy education, including improving accessibility and transparency of curricula documents, developing a specific competency framework, and investing in faculty training.

1. Health Education England. Digital Capabilities for the Pharmacy Workforce. https://www.hee.nhs.uk/our-work/digital-literacy/profession-service-specific-digital-capabilities

Contributing Factors for the Career Goal Advancement of Pharmacy Learners in the Black, Indigenous, and Person of Color (BIPOC) Community

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1. UNC Eshelman School of Pharmacy 2. Monash University Faculty of Pharmacy and Pharmaceutical Sciences 3. HCA Florida Ft. Walton-Destin Hospital 4. Apexus

Objective

Explore factors influencing career goals & attainment in BIPOC learners

Design

- Call to American pharmacy learners
- Focus groups, semi-structured interviews
- Thematic analysis, deductive + inductive coding
- Social Cognitive Career Theory framework
- Member checking

This study was funded by a research grant from the ASHP Foundation through the Marianne F. Ivey Leadership Development Fund. IRB Number 21-2309.

UNC ESHELMAN SCHOOL OF PHARMACY

Results

	Financial	"People like me"	Mentorship	Family & peer support	Opportunity from orgs.	Sense of investment
−	Debt, member fees, conference fees	Discouraging, burden	Mismatched interests, poor follow up	Limited higher ed experience	Feelings of "being behind"	Discouraging
+	Financial support from family	"Be the first", networking	Minority mentors, longitudinal relationships, generous	Allyship, motivation, safe spaces	Networking, leadership roles, prof. dev.	Encouraging, organizational cultural importance
Δ	Provide scholarships & grants that benefit BIPOC	Representation, student support, networking events	Mentor accountability, flexibility, inclusive events	Encourage allyship among non-BIPOC	Partner with minority-focused orgs to improve initiatives	Genuine investment from all, diversify leaders

Conclusions

- Prioritize effective mentorship and exposure to BIPOC professionals
- Consider improving financial support and lowering cost of involvement
- Prioritize DEI in org. culture to promote career advancement

Limiting the impact of generative AI on clinical academic assessments in postregistration pharmacist training

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University of East Anglia
SCHOOL OF PHARMACY

Aims

- Reduce programme reliance on text-based academic assessment in order to limit the opportunities to use generative AI to create summative content [1,2]
- £ Demonstrate net zero impact on assessment time per item (financial and opportunity cost neutral)

Methods

Map assessment types and identify likely AI interference risk

- 2000+ word case study — HIGH RISK
- Case-based Discussion — LOW RISK

Analysis of 10 assessments for academic and administrative input

- Formative feedback
- Summative assessment
- Moderation time
- Reassessment
- Scheduling
- Formative feedback
- Summative assessment
- Reassessment

Compare financial and opportunity costings for each assessment

- Assessment time per cohort
- Median assessment time
- Cost of median unit
- Administrative costs

Results

Assessment type	Assessment time (hrs)		Cost of Median unit (Academic)	Additional team admin cost per student
	Total	Median		
Case Study	18.6	1.7	£49.42	0
Case-Based Discussion (CBD)	10.2	0.9	£26.16	£8.89

Conclusions

CBD assessment considered relatively lower risk of AI interference and cheaper to perform compared to traditional essay-style assessment

Strong case for primary assessment format for modules with clinically-focussed, 'DOES' outcomes

Further work to explore student outcomes relative to resource requirement, and staff training needs to widen pool of assessors

[1] Stokel-Walker C. AI bot ChatGPT writes smart essays — Should professors worry? Nature. 2022. https://doi.org/10.1038/d41586-022-04397-7

[2] Eke, DO. ChatGPT and the rise of generative AI: Threat to academic integrity? J Responsible Tech. Vol 13:2023;100060

Survey at a School of Pharmacy to Determine Time Spent in Preparation of Course Material

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2. Jersey Jersey Shore University Medical Center- Hackensack Meridian *Health*

RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Objective

To evaluate the average length of time it takes for professors to prepare for a didactic lecture and a skills, compounding, or simulation lab.

Design

A 20-question electronic survey was emailed via Qualtrics to faculty members at a school of pharmacy. The primary outcome was determining the average time spent for creating lecture materials as well as simulation, compounding, and skills labs. Secondary outcomes include differences in preparation time for initial lecture versus annual updates and preparation time creating assessment or evaluation questions. Statistical comparisons were done using a Chi-square test with p-value 0.05 to indicate significance.

Results

A total of 125 emails were sent with a 56 (49%) response rate. Twelve participants were excluded from the study. Table 1 summarizes the average time time spent on preparing new educational materials and annual updates. Administrative related responsibilities accounted for an average of 3-4 hours weekly. No correlation was found between number of years teaching and the time spent on preparing lecture material.

Table 1: Preparation Time Results

Most commonly reported time spent on preparing a new didactic lecture:		
50-75 minute lecture = 7-8 hours	≥76 minute lecture = ≥15 hours	
Most commonly reported time spent on preparing new lab material:		
Skills lab = 3-4 hours	Simulation lab = 3-6 hours	Compounding lab = ≥15 hours
Average time spent creating annual updates:		
Skills/Compounding labs = 1-2 hours	Didactic lectures/Simulation labs = 3-4 hours	
Average weekly time spent completing administrative related responsibilities:		
3-4 hours		

Conclusion

The survey assesses the overall amount of time it takes faculty members to prepare and update course material yearly as well as reviewing teaching load and improving work-life balance.

Building Welcoming Classrooms: An Interprofessional Collaboration to Create and Inclusive Syllabus

Jennifer M. Trujillo and Erika L. Freitas, on behalf of the Inclusive Syllabus Writing Group. University of Colorado.

Skaggs School of Pharmacy and Pharmaceutical Sciences
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

BACKGROUND

As health professional training programs recruit more diverse and non-traditional student bodies, the educational environment often fails to fully support their needs.

One strategy to improve the learning climate and increase a send of belonging for learners is to have welcoming and inclusive student-facing materials.

We sought to develop an inclusive syllabus that was student-centered, focused on equity and inclusive excellence, and implemented campus wide on one large academic campus.

RATIONALE FOR CHANGE

The purpose of a syllabus

- Provides important information about expectations
- Anti-oppressive, learner-centered learning model
- Sets a tone, conveying attitude toward students and their learning

Prior Syllabi

- Conveyed a more punitive, adversarial tone
- Included multiple policies
  - Important information "lost"
- Did not reflect equity in access and inclusion that faculty strive to achieve

THE WRITING GROUP

The Inclusive Syllabus Writing Group:

Patricia Abbott (Nursing), Susan Bonini (Nursing), Lori Crane (Public Health), Erika Freitas (Pharmacy), Emily Gamm (Nursing), Anthony Kinney (Physical Therapy), Rita Lee (Medicine), Elizabeth Ramos (Dental Medicine), Jacqui Sivahop (Medicine), Tammy Spencer (Nursing), Chad Strickrath (Medicine), Jennifer Trujillo (Pharmacy)

METHODS

THE PROCESS

1. Syllabus templates from across programs, colleges, and schools were reviewed, looking for common components and requirements

2. Drawing from the common components, an inclusive syllabus was drafted, based on best practices in the literature

3. Draft versions of the inclusive syllabus were reviewed by educators and learners in each school, college, and program. The syllabus was revised iteratively based on feedback.

4. The "final version" of the inclusive syllabus was shared with academic Deans (ASAL) and Faculty Senate

THE TEAM

RESULTS

Reviewed by Office of Disability, Access and Inclusion and our Faculty Assembly. Fully adopted by the pharmacy program. Other programs in various stages of implementation.

INCLUSIVE COMPONENTS

- Welcoming invitation to office hours
- Positive and supportive language
- Pronouns
- Diversified readings and resources
- Clear, succinct course outline and expectations
- Flexibility with assignments
- Inclusive learning environment statement
- Diversity and accessibility statements
- Land and labor acknowledgements

CHALLENGES AND LESSONS LEARNED

- Different program needs and perspectives
- Facilitation and administrative support
- Current sociopolitical climate
- Sustainability
- Timing of implementation
- Faculty hesitancy
- Outcome measures

REFERENCES

Salsberg E, Richwine C, Westergaard S, et al. JAMA Netw Open. 2021;4(3):e213789. Fuentes, M. A., Zelaya, D. G., and Madsen, J. W. (2020). Teaching of Psychology, 48(1), 69-79. Sunds, J., Rohrbach, S., & Drais-Parrillo, A. (2023). International Journal on Studies in Education (IJonSE), 5(4), 568-584. https://doi.org/10.46328/ijonse.174.

CONCLUSION

By using an interactive, interprofessional approach to develop and implement an inclusive syllabus, we were able to achieve a better product and have allies crucial to overcoming barriers to implementation.

Skaggs School of Pharmacy and Pharmaceutical Sciences
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Preparing Pharmacy Students for Advanced Diabetes Management in a Digital World

Jennifer M. Trujillo and Sara A. Wettergreen. University of Colorado.

BACKGROUND

Advanced knowledge and skills in diabetes management, including use of digital health tools and diabetes technologies, are critical in preparing pharmacy graduates for their evolving role in healthcare.

Study Objective: To evaluate the impact of an Advanced Diabetes Management course on students' knowledge, skills, self-efficacy, and attitudes related to diabetes management and the use of health-related technology.

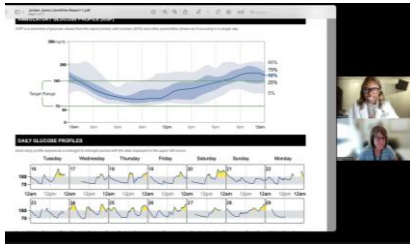
METHODS

The Course: 2-credit elective offered in the P2 Year.

- Hands on experience: wearable technology, remote patient monitoring, real-world patients
- Skill development: conducting virtual visits, interpreting ambulatory glucose profiles, developing diabetes management plans

The Study Design:

- Skills evaluated using a simulated virtual visit objective structured clinical exam (OSCE)
- Knowledge, self-efficacy, and attitudes evaluated through a survey administered before and after the course and to comparator students who did not take the course.
- P-values from Wilcoxon Signed Rank Test



RESULTS

- All students who completed the course passed the skill-based OSCE (average 91±4.5%).
- Students who completed the course had increased knowledge and self-efficacy after the course compared to before the course and compared to students who did not take the course.
- Students had greater empathy for people with diabetes after completing the course.
- All students strongly agreed that the course increased their understanding of how pharmacists use digital health tools to provide diabetes care.

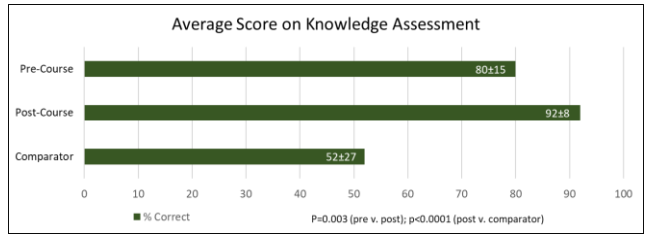
Self-efficacy: I feel confident.... (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree)	Pre-course (n=18)	Post-course (n=18)	Comparator students (n=25)	P-value (pre v post)	p-value (post v comparator)
Conducting a diabetes-specific patient interview in person	2.22	3.5	3.24	**<0.0001**	0.119
Conducting a diabetes-specific patient interview through a video call (e.g., Zoom)	2.22	3.5	3.2	**<0.0001**	0.134
Using an electronic medical record to review labs and pertinent patient information to assess diabetes	2.72	3.61	3.48	**0.0010**	0.496
Applying guideline recommendations and primary literature to support the next step in diabetes management for a given patient	2.84	3.5	3.44	**0.02**	0.686
Identifying signs and symptoms of hypoglycemia when provided by a patient	3.39	3.83	3.6	**0.04**	0.104
Counseling a patient on proper use of an insulin pen device	3.22	3.44	3.48	0.4	1.0
Counseling a patient on proper use of an insulin smart pen device	2.28	2.78	3.0	0.08	0.341
Counseling a patient on proper use of a GLP-1 receptor agonist pen device	2.65	3.28	3.32	**0.02**	0.757
Educating someone on how to use a home glucometer to check glucose	3.22	3.94	3.64	**0.002**	**0.021**
Educating someone on the differences between different diabetes technology options (e.g., different continuous glucose monitoring devices, different insulin pumps)	2.0	3.5	3.08	**0.0001**	0.081
Educating someone on how to set up and use a continuous glucose monitoring device (e.g., Libre, Dexcom)	2.0	3.89	2.76	**<0.0001**	**<0.001**
Troubleshooting challenges with use of a continuous glucose monitoring device (e.g., turning off alarms, sensor falls off early)	1.72	3.28	2.4	**<0.0001**	**<0.001**
Counseling a patient on proper signs and symptoms of hypoglycemia	3.33	3.83	3.6	**0.02**	0.104
Counseling a patient on appropriate treatment of hypoglycemic reactions	3.28	3.89	3.6	**0.002**	**0.039**
Discussing the emotional distress that can occur for people living with diabetes	2.44	3.61	3.16	**<0.0001**	**0.04**
Adjusting a diabetes pharmacotherapy plan based on blood glucose readings from a glucometer	2.56	3.22	3.16	**0.02**	0.737
Interpreting data from an Ambulatory Glucose Profile, including assessment of progress toward meeting goals	2.22	3.44	3.0	**<0.0001**	**0.038**
Utilizing a step-wise approach to discuss CGM data with patients	2.11	3.5	2.68	**<0.0001**	**0.002**
Adjusting a diabetes pharmacotherapy plan based on glucose data in an Ambulatory Glucose Profile	2.17	3.22	2.96	**0.0001**	0.276
Discussing diabetes self-management with patients	2.56	3.67	3.4	**0.0001**	0.128
Discussing the basics of insulin pump therapy with patients	2.0	3.22	2.84	**0.0001**	0.076

Attitudes and feelings toward people living with diabetes.

How necessary is it for healthcare professionals to be able to: (1= unnecessary to 7= extremely necessary)	Pre	Post	P-value
Comprehend PWD's experiences.	6.44	6.67	0.40
Express an understanding of PWD's feelings.	6.39	6.78	0.09
Value PWD's point of view.	6.67	6.78	0.88
Consider PWD's feeling to provide patient-centered care.	6.39	6.72	0.25
Be caring in order to build a strong relationship with PWD.	6.76	6.61	1.00
Identify with PWD's feelings.	5.94	6.17	0.57
View the world from PWD's perspectives.	6.06	6.44	0.12

I am able to: (1= does not describe me to 7= describes me very well)	Pre	Post	P-value
Comprehend PWD's experiences.	4.28	5.88	**0.001**
Express an understanding of PWD's feelings.	5.00	6.17	**0.001**
Value PWD's point of view.	5.83	6.61	**0.02**
Consider PWD's feeling to provide patient-centered care.	5.61	6.67	**0.001**
Be caring in order to build a strong relationship with PWD.	6.06	6.83	**0.004**
Identify with PWD's feelings.	4.67	5.78	**0.02**
View the world from PWD's perspectives.	4.06	5.78	**0.001**

PWD = person with diabetes. Kiersma-Chen Empathy Scale – Revised (KCES-R).



CONCLUSION

An Advanced Diabetes Management course that incorporates digital health technology increases students' knowledge, skills, self-efficacy, and attitudes related to conducting virtual visits, educating patients on diabetes technologies, and making clinical decisions based on data from digital health tools. This course provides guidance for effective integration of digital health into pharmacy education.

Exploring the Use of ChatGPT to Analyze Student Course Evaluation Comments

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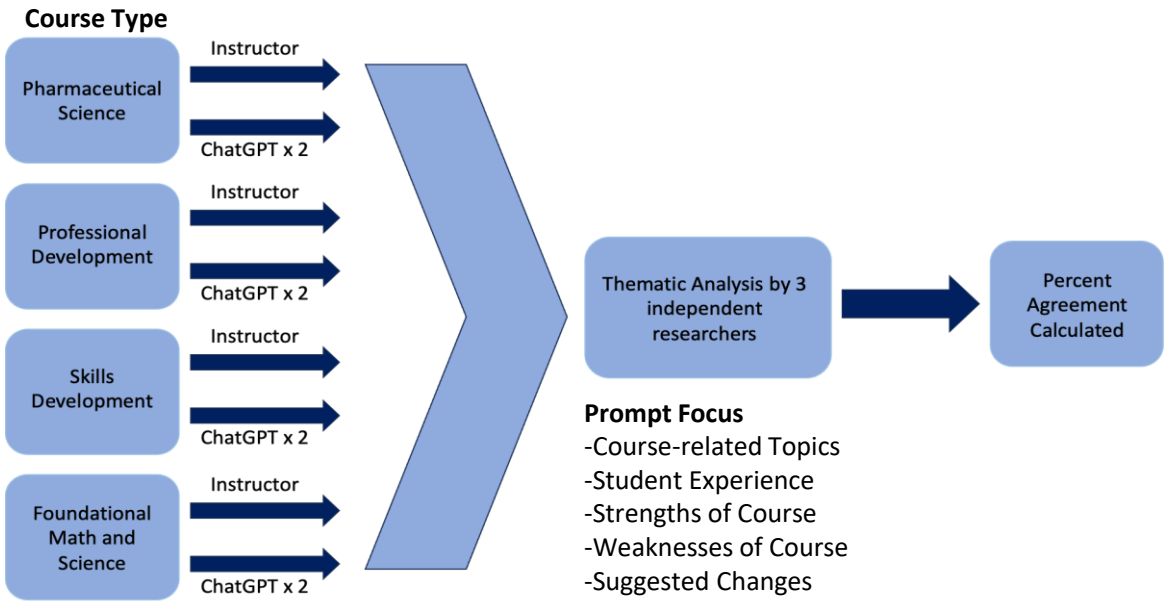
Study Purpose

- While student course evaluations are a common tool used across higher education, the **process of identifying useful information from open-ended comments is often time consuming**
- Purpose of this study was to explore the use of ChatGPT in analyzing course evaluation comments, including the **time required to generate themes** and the **level of agreement between instructor-identified and AI-identified themes**.

Study Process



Key Findings

There was **high agreement** between the instructor and ChatGPT results - with the *highest agreement for course-related topics* and *lowest agreement for weaknesses of the course.*

ChatGPT identified **more themes**, on average, than the faculty themselves, as well as provided **more depth** and detail of the themes.

Instructors took 27.5 minutes on average per course to analyze their data while the **ChatGPT users took on average 10.5 minutes and 12.5 minutes** for the two accounts.

ChatGPT **lacks contextual understanding** and may incorporate biases from the data they are trained on

GPT, PharmD: Exploring the Use of Large Language Models on NAPLEX Practice Questions

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[2]Stanford University School of Medicine, Stanford, CA

Study Purpose

- To **test the accuracy of Large Language Models (LLMs)** on answering standardized pharmacist board exam practice questions.

Study Methods

- Performance of three LLMs (GPT-3.5, GPT-4, and Chatsonic) was evaluated on two independent NAPLEX practice question sets sources from McGraw Hill and RxPrep
- Question sets were further classified into binary question categories of adverse drug reaction (ADR) questions, an

Study Results

Comparison of LLM Accuracy on All Questions Using Chi-Square Testing

		GPT-3.5		GPT-4		Chatsonic	
Question Set	n	accuracy	p-value (vs. GPT-4)	accuracy	p-value (vs. Chatsonic)	accuracy	p-value (vs. GPT-3.5)
McGraw Hill	200	68.0%	<.001	87.0%	<.001	60.5%	0.12
RxPrep	200	60.0%	<.001	83.5%	<.001	62.5%	0.61

Key Findings

All LLMs achieved an accuracy rate of > 60% on the question set. LLMs were most accurate on questions related to adverse drug reactions and least accurate on select-all questions.

ChatGPT-4 achieved the highest accuracy rate and particularly excelled at answering questions related to adverse drug reactions.

Results suggest that **advanced LLMs hold promise for a range of applications** in pharmacy education.

Objective Structured Practical Examinations (OSPEs) in Pharmaceutical Science degrees

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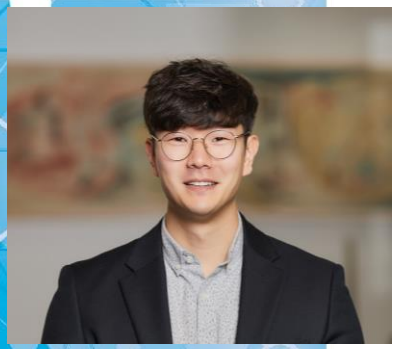
MONASH PHARMACY & PHARMACEUTICAL SCIENCES



AIM:

By simulating real-world scenarios, the OSPEs aimed to authentically assess Pharmaceutical Science students to apply knowledge, enhance communication, problem-solving, and critical thinking skills, preparing students for the increasing diversity of today's workforce across academia, industry, government, and healthcare.

DESIGN:

4 stations

PhD supervision, sales pitch, explain to medical practitioner and media communication stations

RESULTS:

Students performed well in sales pitch and media communications compared to articulating a laboratory procedure or explaining to a health professional with significant differences between undergraduate and master's students.

Common errors across all stations were not explaining the real-world impact of the drug, not catering language to the target audience, poor structure and flow

CONCLUSION:

By integrating practical assessments that focus on the application of knowledge and communication skills, OSPEs address critical gaps in traditional STEM education. OSPEs are an authentic way of assessing students, effectively preparing them for a diverse workforce.

"These scenarios really showcase the real life experience which might happen in our future career. It's good to have this kind of assessment." masters student #01

MONASH University

Identification of Social Determinants of Education Among Pharmacy Students at a US-based Pharmacy Program

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BACKGROUND

Social Determinants of Education (SDOE) are the conditions and variables that impact students' ability to participate in academic and clinical experiences. There are six SDOE: economic stability, social environment/community, physical environment/community, self-motivation, psychosocial health, and physical health.

Study Objectives: To identify SDOE among pharmacy students enrolled in our entry-level PharmD program, and to evaluate potential associations of SDOE with academic performance.

METHODS

- Created an original 28-item survey to collect information about student demographics, self-reported academic performance, and SDOE in each of the six categories.
- Study design: Observational cross-sectional survey
- Statistical analysis: Wilcoxon Sum Rank Test to examine possible associations between SDOE and academic performance; descriptive statistics for all others.

CONCLUSIONS

- Data suggest that students at our institution experience a variety of SDOE.
- Exploratory secondary analysis demonstrated a significantly lower GPA when concerns with covering expenses, affording food, or losing housing were present.
- This data provides initial insight into various barriers that are potentially hidden but are highly likely to impact student engagement and success.
- Next steps are survey validation via collaboration with other institutions and re-assessment of SDOE in our students.

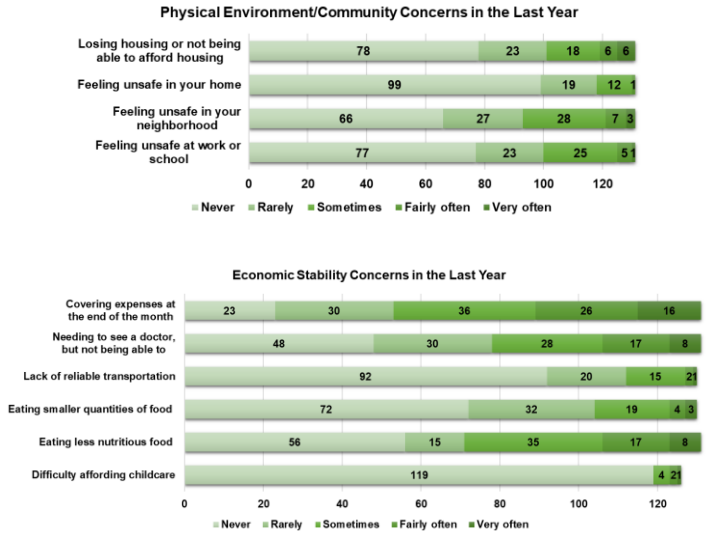
RESULTS

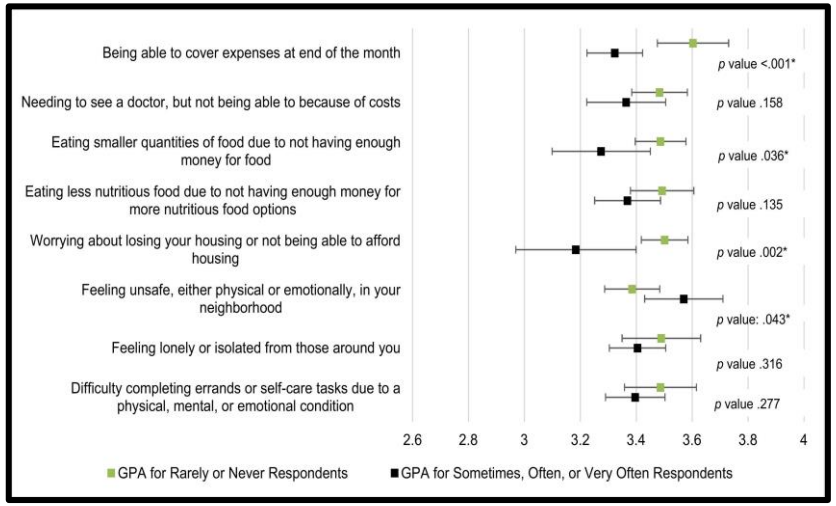
133 students responded to the survey (31.2%, 133/426 total) and were included in the analysis.

- The mean age was 27 years, 78% identified as female, 67% identified as White, 85% identified as non-Hispanic/Latino, and the reported mean grade point average (GPA) was 3.4. First generation college students accounted for 29% of respondents. Nearly 80% of students reported employment, with a mean of 13 hours worked per week. 86% reported using financial aid.

Six SDOE were assessed, as follows:

- Self-motivation: 73% reported moderate to high motivation to learn; Most students engaged in a hobby at least once per week (94%).
- Physical health: 81% reported exercising at least once weekly; Over half of students acknowledged concerns related to difficulty completing errands or self-care tasks, and difficulties with concentration, memory, or decision-making due to physical, mental, or emotional health concerns.
- Psychosocial health: A majority of the respondents were satisfied with their ability to manage stress (50.4%) and their level of resilience (72.5%), while fewer reported satisfaction with their self-confidence (46.6%) and achievement of a balanced quality of life (33.6%).
- Social Environment and Community: 63% reported feeling lonely or isolated within the last year.





Diversification of MyDispense in Wales:

Improving Representation and the Student Experience

Rhos Phyfer, Rhian Deslandes, Matthew Ivory

CARDIFF UNIVERSITY

PRIFYSGOL CAERDYDD

Study objective: To further diversify the UK build of MyDispense with Welsh content

Design: Underrepresented patients, prescribers and medicines identified:

- ✓ Medicines imaged and uploaded to MyDispense
- ✓ Patients/prescribers added with a mixture of traditionally Welsh and ethnically diverse names
- ✓ Exercises developed around dispensing and controlled drug MPharm teaching

Results: 39 new medicines / 27 new prescribers / 61 new patients / 61 new exercises added

Scenarios created where a patient presents with a Welsh prescription in England (or vice-versa), allowing tailored learning around differences in prescription law within each nation.

Conclusion: 2,024 completions logged, and anecdotal feedback received has been positive

New materials prepared for export **to share** with other MyDispense UK users