OBSERVATION OF ACTIVITIES UNDERTAKEN BY UNDERGRADUATE PHARMACY STUDENTS ON WARD-BASED HOSPITAL PLACEMENTS

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Introduction and Objective:
Experiential learning offers students a vital opportunity to contextualise and apply their classroom learning. The UK pharmacy regulator, the GPhC, plans to strengthen the emphasis on experiential learning as undergraduate pharmacy degrees are redesigned, to meet the needs of patients and the public in 21st century healthcare. This includes a focus on developing clinical and communication skills in a “near patient” environment.

At King’s College London, pharmacy students undertake hospital-based placements with defined learning objectives (see above) during each year of their undergraduate MPharm degree. These placements are hosted by local teaching hospitals. Informal observation, as well as student feedback, had noted that patient contact on placement was on occasion limited. This ethnographic-type work therefor sought to understand more formally how time on placement was spent.

Method:
This work was a teaching and learning evaluation, meaning formal research ethics approval was not required. Students and their supervising pharmacists were informed that the observational work was being carried out, and had the opportunity to decline to take part if they so wished. Data collection and analysis focused on student activity, meaning patient consent to participate was not needed.

Using an approach drawing on ethnography, a final year pharmacy student observed the placement activities undertaken by three pairs of year 3 MPharm students. All were attending placements with the surgical pharmacy team at a London teaching hospital. Supervisors were qualified pharmacists undertaking their normal clinical duties. In total students spent six hours on placement: three hours on two consecutive afternoons. Data were collected using activity checklists derived from the pre-defined learning outcomes, and in the form of field notes. Data were analysed using a narrative approach.

Results:
Students were focused on finding a patient suitable for their university-based assessment within the first hour of their placement commencing. During the 6 hours on placement, students spoke with either one or two patients. Each pair of students spent over an hour noting down biochemical test results: at least double the length of time spent speaking with patients. Across all three pairs of students, there was consistently more time spent on the second day directly with their supervising pharmacist than on the first. In two cases students were asked to look further in to specific topics (gentamicin use, and management of Atrial Fibrillation) between the first and second day of placement. Logging on to IT systems, and disambiguation of medical abbreviations, were frequently noted as barriers to progressing with clinically-orientated tasks.

Conclusion:
This work is limited by the small sample size and by looking at only one pharmacy team in one hospital. The supervisor was a different person for each pair, and potentially relevant factors for disambiguation, attitude to education and training, or supervisor confidence in hosting students (which may increase over time) was not captured. However, across all pairs included, structuring placements over two days gave students an opportunity to look further into relevant topics between the first and second day. This was associated with a longer duration of time spent directly with the supervisor on day 2, allowing an opportunity for professional socialisation and embed contextual learning.