Short communication piece on experiences of final year pharmacy students to clinical placements

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Abstract

Over the last 20 years the role pharmacists perform has evolved from a mainly supply function to one which is more patient centred and clinically focused. Consequently, the education they receive has had to change to reflect their current and future practice. However, the exposure to patients in clinical practice is very limited due to limited funding and placement opportunities. Despite this, the pharmacy regulator insists that students do get some clinical exposure whilst at university. This study reports on how UK MPharm students at Wolverhampton University gain this clinical exposure

Key words: student, pharmacy, placements

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INTRODUCTION

To practice as a qualified UK pharmacist requires five years of training. The majority of which undertake a four-year masters degree programme followed by one year of ‘pre-registration’ training. This equates to gaining a predominantly academic qualification that is then augmented by one year of clinical practice. However, it is recognised there is a need to utilise and further develop the clinical skills of pharmacists and improve integration into the healthcare team (Department of Health, 2008). In an attempt to address this all Schools of Pharmacy (SoP) in the UK are now required, by the regulator, the General Pharmaceutical Council, to provide clinical visits as part of the undergraduate programme (GPhC, 2010).

This poses challenges to SoP as the training course is funded by the Higher Education Funding Council for England and not by the Department of Health (as is the case with courses such as medicine and nursing). One of the problems with this source of funding is that there is no provision for carrying out clinical visits. This has led to a disparate and piecemeal approach to clinical visits offered by SoP (Langley et al, 2010). Many courses have to utilise hospital pharmacists to work with the
SoP in the role of a ‘teacher-practitioner’ and there has been little information in the literature about the success of this relationship.

The approach taken by the SoP at Wolverhampton University is that each student undertakes a minimum of ten clinical placement visits to local hospitals during their third and fourth years, which are supervised by teacher practitioners. Each visit exposes the student to a different area of clinical medicine, e.g. respiratory, cardiovascular, depending on their year of study. In the final placement of the fourth year, each student shadows a pharmacist on their daily ward duties and is given the opportunity to perform pharmacist-related tasks, for which the pharmacist will then assess the student’s performance. As part of on-going course review a study was undertaken to evaluate student opinion regarding their fourth year shadowing placement experience.

This aim of this article is to provide a brief outline of the study and its implications for future placements.

METHOD

Following the placement with a pharmacist all students (n=30) were randomly selected and invited, via email, to participate in a focus group. The email contained a letter detailing the study and background information. Fourteen students participated in one of three focus groups. Consent was obtained from each student prior to attending the focus group.

The focus group question schedule contained open-ended questions, with prompts to generate discussion. Students were asked which aspects of the placement they liked and disliked, and also any suggestions for the future. (See appendix 1) All three focus groups were conducted on university premises and facilitated by the author. The facilitator documented the discussions on a white board, which was transcribed at the end of each session.

Ethical approval was granted by the School of Education ethics sub-committee at Wolverhampton University.

RESULTS

The results were analysed thematically, where four major themes were identified.

Real life interactions

Students from all three focus groups highlighted that they were able to observe and perform real life pharmacist tasks, which made them have a better understanding of the pharmacist’s role.

“I actually spoke to a real GP’s surgery on the phone to get a patients drug history, applying what I have learnt at University gave me a real sense of responsibility.” (FG3P1)

“I didn’t realise how busy the ward actually was, I took lots of drug histories from patients and endorsed treatment charts.” (FG1P1)

Students from one focus group discussed that they found the real life interactions with patients difficult, as it was the first time they had experienced the situation without a University based teacher practitioner.

“I found it difficult going from teacher practitioner support on wards to being on my own and I didn’t quite know what to do.” (FG2P3)

Feedback

All of the students were keen to get feedback from the pharmacist they shadowed and is exemplified with the comments below.

“My mentor was generous on my feedback sheet; I liked getting feedback from the pharmacist.” (FG2P4)

“It was good to get feedback from a non-university mentor” (FG1P1)
“I liked getting feedback from a different perspective from a non-university mentor.” (FG3P3)

Placement experience

The students across all three focus groups wanted to keep the shadowing placement for future students to experience. Although two of the groups discussed that the experience somewhat depended on the pharmacist they were with:

“I would definitely keep the placement for next year.” (FG1P6)

“It was scary having a Senior Pharmacist; I felt they expected too much knowledge from me.” (FG2P1)

“I liked having a basic grade Pharmacist mentor; they were more on my level and knew what knowledge to expect from me. I could ask them about their pre-reg experience too, which was good.” (FG2P3)

Placement preparation

Lengthy discussion took place in all of the focus groups regarding student preparation for the shadowing placement.

“I would have liked 24 hours notice of the ward speciality that I was going to visit; I could have revised the topic and been more able to answer my mentor’s.” (FG1P3)

“Having a structured list of tasks I was allowed to do would have helped on placement.” (FG2P2)

Some students highlighted that the assigned pharmacist was unsure of what tasks they should allow the student to perform on the ward and suggested that a list of tasks could be drawn up by university staff and made available to the ward pharmacist.

“My mentor didn’t seem to know what to do or what tasks to set, so I just followed them around the ward for the duration.” (FG2P3)

DISCUSSION

All students found the shadowing placement gave them the opportunity to use their clinical knowledge and skills on “real patients”; something they had had little opportunity to do on the MPharm course, and echoes findings from other pharmacy-based studies (Shah R, 2004). Dealing with actual patients did in itself cause some anxiety and was, in some cases, compounded by the fact their mentor was a senior member of staff and therefore perceived by students to be off-putting. Despite this, students valued the feedback given as it came from a source other than academic staff and felt that the shadowing placement should be retained for future students.

An unexpected finding was that students felt unprepared and were unsure if mentors were fully aware of what the shadowing placement entailed. This finding reflects that which was also noted by Taylor et al (2006) in their study. Some students were unsure what tasks they were allowed to perform and the majority did not know what clinical topics to review prior to the placement, even though students were given a manual and an introductory lecture at the start of their fourth year, which detailed expectations and tasks to carry out whilst on the ward. This is possibly because the information was given to students at the beginning of the year and the placements were carried out several months later. The mentors were briefed some days prior to the placement, again this may not have been sufficient or of enough detail.

CONCLUSION

Overall the placement experience was positive, students valued the opportunity to use their skills in real situations with actual patients
despite being somewhat unprepared for the tasks conducted. All students felt that the shadowing placement should be continued and this reinforces the need for experiential learning within the course.

REFERENCES


Appendix 1 – Pilot focus group theme plan

<table>
<thead>
<tr>
<th>Question number</th>
<th>Type of question</th>
<th>Question</th>
<th>Data gathering</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Key</td>
<td>What were the best aspects of the visit?</td>
<td>Use a flip chart to make notes of responses, with one column for good and the other for bad.</td>
</tr>
<tr>
<td>2</td>
<td>Key</td>
<td>What were the worst aspects of the visit?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Key</td>
<td>Have you got any suggestions as to how to improve the experience for future students?</td>
<td>Use flip chart so that students can see responses already given.</td>
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