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Undergraduate student views of REPs

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Abstract

Context

Role-emerging placements (REPs) can be a unique opportunity for pharmacy students to understand patient care issues and see the value of a multi-disciplinary team.

Description

Optional REPs were piloted in an MPharm degree course, in a range of day hospitals and patient groups. This project aimed to evaluate students' perceptions on the placement's contribution to their professional development.

Evaluation

Twenty percent of the 59 students who attended the placement participated in two focus groups. High satisfaction with their REP was reported, with an emphasis on increased understanding of the role of multidisciplinary teams, patient perceptions and impact on pharmaceutical care. Although introducing a new scheme brought some challenges, these are not insurmountable. As such, the benefits of REPs are likely to be ongoing and the results are therefore encouraging for other Schools of Pharmacy.

Future plans

REPs will become an integral part of this University's MPharm syllabus.

Context

MPharm curricula traditionally include placements in premises where a pharmacist is responsible for supervising the students. A different way to enhance practice-based learning is role-emerging placements (REPs). REPs can be defined as professional placements outside traditional workplace environments (Clarke, de-Visser, Martin, & Sadlo, 2014) where a pharmacist is not routinely employed or involved. Within healthcare education, they are increasingly highlighted as beneficial to expanding the students' understanding of the challenges around patient care and the importance of the multidisciplinary team; the uptake within pharmacy curricula has been slow, with limited studies evaluating the effectiveness of such placements for pharmacy undergraduates (Kassam, Kwong, & Collins, 2013a, 2013b).

As with traditional placements, challenges associated with organizing non-traditional placements are design and implementation, ways to ensure appropriate supervision and maximize opportunities for learning (Gilbert, 2014).

Description

In 2013-14 a REP scheme was piloted with 1st year undergraduate students. During this early stage of their studies, students get introduced to challenges surrounding pharmaceutical care of patients, in particular, consideration of the patient's perspective in a tailored, holistic approach. The focus of this novel REP was to expose students to a cohort of service users from one end of the spectrum of life: the elderly. As such, a range of day hospitals were used, where pharmacists are not routinely employed, as well as Age Concern's Ageing Well programme weekly meetings (Age Connects Wales, 2013). The scheme organiser in the university liaised with each placement provider in advance, and a mutually beneficial agenda was agreed. The placement was offered as an option to undergraduates, with learning outcomes around exposure to patient contact, awareness of issues when communicating with elderly patients, and patient perspectives of decision-making and seeking advice from healthcare professionals.

Fifty-nine students expressed interest; all participated in the scheme. Students were supported through a pre-placement workshop providing information on structure and different placement hosts, and addressing individual concerns. Following the placement, academic members of staff facilitated a post-placement workshop where students shared experiences with their peers, put their learning into context and reconciled their responsibilities with their experiences. The placement was assessed via reflective journals.

Unlike extended REPs reported in the literature, this was a focussed placement. The aim of this project was to evaluate students' perceptions as to whether the placement contributed to their professional development. The objectives were:

- To evaluate the potential of incorporating short non-traditional placements in pharmacy education

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- To explore perceived barriers and facilitators to providing non-traditional placements, where a pharmacist is not employed

Evaluation

All 59 students who participated in the scheme were invited to a focus group. A schedule was developed to explore reflections on their placements. Ethical approval for the study was granted by a University Research Ethics Committee (1314-21).

Twelve students participated in two focus groups. Focus groups were audio recorded, with consent, and transcribed. All references to individuals were removed during the transcribing process, to ensure confidentiality. Coding and subsequent thematic analysis of the free-text responses revealed six main themes. Table I illustrates the sub-themes and representative quotations for each theme.

Overall, students exposed to all four different placement providers expressed their views on their role-emerging placement. High satisfaction was reported, in line with literature (Dancza *et al.*, 2013, Overton, Clark, & Thomas, 2009, Scholar, McLaughlin, McCaughan, & Coleman, 2014, Thew, Hargreaves, & Cronin-Davis, 2008), with an emphasis on increased understanding of the role of the multidisciplinary team, patient perceptions and subsequent impact on pharmaceutical care. Students reported engaging well with the placement, improving their empathy and communication skills, with particular mention of challenges identified when interacting with patients with Alzheimer's disease. Service users shared difficulties with taking medication and discussed general barriers they face, prompting students to reflect on the role of the pharmacist in a holistic approach toward pharmaceutical care. Exposure to carers helped students realise the pivotal role they play in supporting a large part of the ageing population.

During their placements, students identified a range of healthcare professionals that were involved in providing care to the service users, and discussed with the patients their experiences with different members of the team. This led to increased awareness of the value of the multidisciplinary team, and an understanding of the importance of communication between team members.

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Students additionally started to explore their professional identity, reported as a challenging aspect of their curricular experience similarly to the findings of Noble *et al.* (2014). Critical incidents during their placements made them realise how conflict can arise between principles of their Code of Conduct and re-enforced professional boundaries. However, the short duration of the placement was a limitation, as students were not there long enough to be empowered to feel confident in their role as a healthcare professional.

Suggestions for future role-emerging placements were also discussed: students highlighted that it would be invaluable to be exposed to the other end of the spectrum of life, young children, in settings where children would be supervised by parents or carers. The realisation that complex patients benefit from tailored support led to students suggesting future REPs with other patient groups, including patients with Alzheimer's disease, Parkinson's disease, and dementia.

Appropriate supervision has traditionally been a challenge in healthcare placements. In this study, supervision was identified as a factor contributing to the effectiveness of the placement. It was noted that supervisors being aware of students being at an early stage of their degree was helpful in managing expectations. This highlights the importance of communication between placement providers and the scheme organiser to ensure appropriate preparation.

As students volunteered to do the placement and only 12 of the 59 students who attended this placement participated in the focus groups, selection bias is possible with only the most engaged students likely to have participated in the study. Nevertheless, the final sample was diverse, including students from all four placement providers. Barriers and facilitators to the placements, as well as perceived contribution to professional development, were also comparable among all participants, increasing our confidence in the findings of this study.

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While no group organisers' or service users' views on the pilot placement were officially sought, informal communication has confirmed that service users enjoyed the time spent with the students, and the placement facilities hosts were happy to continue the collaboration.

During this first cycle of action research we did not utilise any quantitative methodology, due to the low numbers of participants in the placement. Baumfield *et al* (2013) argue that a continuum of enquiry between qualitative and quantitative approaches is realistic in action research, and the themes uncovered from the current analysis will inform the development of a structured feedback form which will be distributed to all students attending a REP.

Although some challenges of introducing a new scheme were identified from the focus groups, these did not appear to be insurmountable. As such, the benefits of REPs in the Cardiff MPharm are likely to be on-going and the results are therefore encouraging for other Schools of Pharmacy. Further, this concept may have benefits internationally, with countries able to focus such placements to tie in with locally novel pharmacy services.

Future work

This is the initial phase of an on-going action research project relating to integration of REPs to the MPharm curriculum. A follow up cycle will focus on designing, implementing and evaluating another innovative placement exposing students to challenges surrounding pharmaceutical care of young children. This is informed by student suggestions and feedback from this preliminary cycle and will also take into account supervisors' views.

Participants in the study generally reported positive experiences from their placement, confirming that it contributed to their professional development. REPs were rolled over in the

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following academic year as compulsory element in all years of the curriculum, with increasingly complex learning outcomes.

Table I Themes, sub-themes and representative quotations from thematic analysis of focus groups

Theme	Representative quote
(1) Professional identity	
Facing professional dilemmas	<p><i>“I didn’t want to say too much cause I know we’re not meant to do any sort of advising”</i></p> <p><i>“[patient] was telling me about how he doesn’t take it [medication] and that I wasn’t really meant to tell the doctor”</i></p> <p><i>“I don’t know what I would have done because if he had lied to the doctor it would have been quite awkward, but luckily he told the truth”</i></p>
(2) Motivation	
Impact of non-compulsory nature of placement	<p><i>“with it being non-compulsory it meant that the people who went really wanted to go and get something out of it”</i></p> <p><i>“if it was another compulsory placement, you just get people who are like ohhh can’t be bothered with this, which, you know, wouldn’t be great for the patients”</i></p> <p><i>“if you made people do it, if they didn’t want to, they might not do anything, and then these places [placement providers] might think next year I don’t think we’ll let the pharmacy students in because it’s not worth them being here”</i></p>
Intrinsic motivation	<p><i>“it was good, you could put yourself in situations that umm again would interest you, and not what you have been told to do”</i></p> <p><i>“depends whether you like to try new experiences, or whether you want to stay in your comfort zone”</i></p>
(3) Exposure to different healthcare professionals (HCPs)	
Awareness of roles	<p><i>“I went into a consultation room and there was this one patient in there, and looked at different like healthcare professionals kept coming in and out”</i></p> <p><i>“I spoke to the nurse first of all about how the day center runs...then I spoke to the doctor as well”</i></p> <p><i>“I didn’t realise they [nurse/physiotherapist/occupational therapist] were kind of that involved kind of”</i></p>

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	<p><i>“I would have liked to talk to them [physiotherapist] more, because you can figure out what is going on with that [assessment] but you can’t figure out what’s going on in their head”</i></p>
(4) Exposure to carers	
Involvement in patient care	<p><i>“[realised that carer is] most important, ummm discussion because they are sort of the people who are actually gonna have to ummm implement the changes like ummm and tell the patient what drugs to take”</i></p> <p><i>“We talked about why she [family member/patient] had been in...and he [carer] explained like how difficult it was to get through it”</i></p> <p><i>“talking to members of the family is sometimes more important than talking to the patient because say if you’ve got like a patient with Alzheimer’s or dementia, obviously they don’t know exactly what’s going on themselves”</i></p>
(5) Exposure to patients	
“Bonding” with patients	<p><i>“It was just nice to sit down and have a chat with them [patients], and they were really open actually which was good, umm and they just talked really about umm why they were there”</i></p>
Equality and diversity	<p><i>“I thought it was really good that some people had speaking or hearing problems, thought it was really good, and you kind of I don’t know sitting in a school of pharmacy you just get spoken to by lecturers who are you know very good at speaking at you and you kind of forget that when in practice...might need to adjust how you communicate”</i></p> <p><i>“can’t be a pharmacist who doesn’t understand what they [patients] are asking for...find a different way of communicating”</i></p>
Holistic approach to patient care	<p><i>“talk about their life...it is important because if you’re working in a pharmacy and an older person comes in, you needs to know how to be able to interact with them”</i></p> <p><i>“they [patients] are going to be coming back and forth and it is important to establish a rapport with them, it’s not just asking them umm just about their medicine but just asking them about their general well-being”</i></p> <p><i>“...some of them [patients] spoke about like the difficulty they had in taking it [medication] and like a lot of them with compliance”</i></p>

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Communicating with complex patients	<i>"I saw people with Alzheimer's and dementia, they were people that you wouldn't normally sort of get to interact with"</i>
Identifying issues in pharmaceutical services	<i>"they did talk about like problems with the pharmacy like how long they had to wait and like the nearest pharmacy for a lot of people, it's more difficult for a lot of people obviously for them"</i>
Making sense of previous experiences with patients	<i>"in my family some members can be quite stubborn about taking medication...seeing it there as well made me hmmm well I think that's quite important, perhaps particularly in a community setting as well"</i>
Impact of students' presence on patients	<i>"what I found more than anything was it was actually just interacting with someone other than the nurse...made the day, and when I left umm one of the people came up to [me] and said -thanks very much just for spending the day with me"</i>
(6) Supervision	
Supervision facilitating placement	<i>"[members of staff] were quite willing to chat and even they started talking about their medication and I think they were actually more willing than the patients that came if that makes sense?"</i> <i>"we were mainly with the nurses who were in charge of the ward so and they were really really welcoming actually and they sort of you know tries to make sure that we, we knew what was going on"</i>
Prior expectations and preparation	<i>"she [member of staff] was aware that we were only first years, that we didn't really know what was going on, so umm she just explained really umm in a nice way so we felt part of it"</i>

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