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Title:

A palliative care (PC) hospice placement: Students' qualitative evaluation of experience-based learning

Abstract: (Please refer to instructions to authors and example abstract)

Focal points

- Pharmacists are involved across all levels of delivery of end of life care, and therefore require opportunities within curricula that facilitate and foster skills, values and attitudes towards effective interprofessional working and communication.
- Placements within the palliative care (PC) hospice are valued by students as experiential learning opportunities to consolidate theoretical practice, observe and appreciate interprofessional working and effective communication skills amongst healthcare professionals and with patients.
- Educationalists are recommended to structure clinical placements and provide them during pharmacy education to reinforce professional identity and allow the opportunity to build and foster competence in clinical areas.

Introduction

The End of Life Care Strategy published by the Department of Health in 2008, describes the role healthcare and non-healthcare professionals, including pharmacists, can play in the delivery of care to people at the end of life. The minimum level of skills and knowledge described for the effective provision of healthcare within various sectors highlights the need for the highest level of communication skills and collaborative working within healthcare teams¹.

Pharmacy education has responded to develop curricula that incorporate experience-based learning that involves 'participation in practice' evolving along a spectrum from passive observation to performance.

This study reports students' qualitative evaluation of a placement in practice with respect to outcomes achieved from the experience.

Methods

Nine level 4 MPharm students volunteered and undertook placements within the hospice. Students were surveyed pre-placement regarding their motivation for volunteering, expectations of benefits of the placement, and any reservations that they felt. Surveys post-placement investigated the actual perceived benefits, the most important element of learning and any reflections on the experience. Students were then invited for a focus group to discuss their reflections further. Six of the nine students attended the focus group. The surveys and transcript of the focus group were analysed via thematic analysis and constant comparison. Ethics for this research was gained via the self-certification review process after undertaking ethics training at the University undertaking the study.

Results

The pre- and post-surveys highlighted the students expectations and satisfaction to gain further understanding and appreciation of clinical application of taught material from their didactic oncology based module that included PC. Some students anticipated observing interprofessional working with many reporting that this was achieved and valued. The fears of the students regarding potential ineptness to deal with the environment or communicate appropriately were later reported to be not as daunting as they expected and they appreciated the opportunity to reflect on this. The focus group interestingly highlighted that students formulated the impression that pharmacists had only a very minor role to play in the holistic care of the patient. This was attributed to the conscious decision that the placement be purely experiential with no specific tasks allocated focusing on pharmacists.

Conclusions

Students valued the hospice placement to consolidate their theoretical knowledge in oncology, and gain a comprehensive appreciation of the holistic pharmaceutical care. Through the observation of interprofessional working and communication, students were also able to reflect upon these skills as crucial in maintaining patient-centred care. Students were able to describe outcomes of the placement that fit within the model of experience-based learning that included passive observation. They also highlighted that further placements and interaction with both professional and patients would allow students to reinforce professional identity and build competence within clinical areas.

References

1. End of Life Care Strategy: Promoting high quality care for all adults at the end of life. Department of Health 2008.
2. Accreditation of Master of Pharmacy Degrees. Interim Standards. General Pharmaceutical Council 2010.