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Research

# Clinical placements by Australian university schools of pharmacy<sup>☆</sup>

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## Abstract

**Background:** Rural placements have been instrumental to increase the pharmacy workforce in rural and regional areas. Due to a persisting undersupply in rural pharmacists, these remain an important recruitment strategy. However, it is unclear how rural clinical placement programs are structured in content, length, and objectives among the universities. Our study aimed to describe attributes of rural clinical placements programs that are currently being offered in Australian university schools of pharmacy.

**Method:** A telephone survey was administered by one of the investigators to all the identified course coordinators or placement officers to obtain the required data from the nominated school of pharmacy representative. Descriptive statistics was used to analyze participants and courses demographics, qualitative data were thematically coded and analyzed using nVivo v10.

**Results:** A total of 17 out of 18 schools of pharmacy responded. The schools were similar in assessment approach and method, though the number of placement days and placement sites varied considerably. Some universities prefer traditional placement sites in community or hospital pharmacies, whereas others are actively pursuing non-traditional placement sites.

**Conclusion:** Australian schools of pharmacy have substantial similarities in the assessment of placements; though vary considerably in their approach to placement duration and innovations.

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## Introduction

The educational content of pharmacy courses has developed to meet the demands of an evolving profession. In recent years, the practice of pharmacy has progressed to include a greater range of clinical services in increasingly culturally diverse

settings.<sup>1,2</sup> In particular, rural pharmacists report opportunities to deliver a broad range of public and primary health care initiatives in addition to the traditional dispensing function.<sup>3–6</sup>

Universities offering entry-level pharmacy qualifications have doubled in the last decade. In 2002, nine universities graduated 720 students increasing to 18 universities graduating 1912 students in 2012, with 7616 students across Australia enrolled in pharmacy degrees.<sup>1,2</sup> Curriculum standards are applied to these schools and are set by the accrediting body, the Australian Pharmacy Council (APC).<sup>7</sup> The APC standards necessitate experiential learning opportunities across community and hospital settings, and recommend including rural and remote placements in the entry-level qualification.<sup>7</sup>

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There is currently an oversupply of pharmacists in metropolitan areas where the majority of Australia's 27,025 pharmacists are clustered (76% urban pharmacists and 12.5% inner regional pharmacists).<sup>8</sup> In cities, Australia has 101 pharmacists per 100,000 people in contrast to 79 to 40 pharmacists per 100,000 people in rural and remote areas respectively.<sup>2</sup> This suggests that there is a current maldistribution of the pharmacists workforce rather than an oversupply, as in rural areas the pharmacist undersupply persists.

Due to this maldistribution, government initiatives exist to encourage recruitment and retention of rural pharmacists.<sup>9</sup> One of these initiatives is the Rural Pharmacy Liaison Officer (RPLOs) program, where pharmacists are employed at the 11 University Departments of Rural Health (UDRH) located in regional Australia.<sup>10</sup> The RPLOs support pharmacists and students in rural areas by providing specialised rural pharmacy training packages for pharmacy students, often as tailored interprofessional placements.<sup>11,12</sup> Every school of pharmacy has access to RPLOs to host students on rural placements.

Rural placements, in this study, are defined as experiential learning in a health care setting located outside of metropolitan regions. In Australia, the Area/Remoteness Index of Australia (ARIA) defines rurality and, for the purpose of this study, ARIA index values listed as greater than 2.4 are considered non-metropolitan in accordance with the Australian Standard Geographical Classification.<sup>13</sup> A rural placement may be at a traditional site, such as a community or hospital pharmacy, or may incorporate interprofessional learning opportunities in other facilities such as nursing homes or GP practices and may also include non-traditional placement opportunities in areas not commonly associated with pharmacy including working with paramedics. RPLOs frequently facilitate non-traditional rural placements, which provide students with a broad range of rural pharmacy experiences and hands-on learning in addition to what can be learned from a traditional placement.<sup>11,12</sup>

Observations suggest that the rural clinical placement programs across universities differ in content, length, and objectives. There is literature that describes the content of the Australian pharmacy degree, and the clinical placement generally; however, there is a lack of literature addressing the curriculum of rural placements across Australia.<sup>1,14,15</sup> Most studies that address rural placement programs focus mainly on students' evaluation and satisfaction of their experience, but none focused on analyzing and reporting the content of the various programs offered. The objective of this study is to describe the characteristics of rural clinical placements programs that are currently being offered in Australian university schools of pharmacy including the objectives of the rural placements, the assessment requirements, preceptors' support, barriers, and the influence of rural support programs employed by the 18 Australian university schools of pharmacy.

## Methods

### *Participants*

Participants were the course coordinators or the placement officers at each of the 18 Australian university schools of pharmacy that offer an entry-level pharmacy degree. Participant recruitment was by letter addressed to the relevant head of school of pharmacy and direct phone contact with the relevant course coordinator or placement officer from each university.

### *Ethics*

Ethics approval was granted from the University of Tasmania's Human Research Ethics Committee (Ref: H0013370) and the University of Western Australia's Human Research Ethics Committee (Ref: RA/4/1/6459).

### *Data collection*

An investigator (AP) administered a semi-structured telephone survey with the participants. These surveys were conducted using an interview guide that asked the participant questions about the content of the placements, the way they are administered, duration of placement, and problems in conducting these placements. In addition questions were asked about external support to the universities in conducting rural placements. Overall, two universities opted to reply in writing rather than participate in a telephone survey. The phone surveys were recorded after informed consent and later transcribed by an investigator (MK). The data collected from the interviews were validated through "member checking" where the collected data were sent back to the interviewee for review and amendment if required. Additionally, open-source data were used to cross-reference information, such as course handbooks and the university website.

### *Data analysis*

Data were imported into nVivo version 10 qualitative data management software, coded thematically by two of the researchers, and explored using content analysis a process to identify repetitive themes in the interviews and combining them into main ideas to enable a more objective evaluation of the results obtained from the interviews.

## Results

A total of 17 representatives from the 18 pharmacy schools agreed to participate in the qualitative interview process. The characteristics, of the 22 entry-level degree programs offered at the 18 pharmacy schools are presented in the [Table](#).

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