



Research Article

Becoming pharmacists: Students' understanding of pharmacy practice at graduation from an Australian University

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Abstract

Background: In preparing graduates for practice, education programs must transform students into pharmacists based on authentic experiences that integrate knowledge and skills into a broad and deep understanding of what it is to be a pharmacist. **Aim:** This qualitative study aimed to explore how students understood pharmacy practice, nearing completion of an undergraduate program.

Method: Of the cohort of 252 final year students, 104 (41%) completed an online survey containing open ended questions relating to pharmacy practice. Responses were analysed using a phenomenological approach.

Results: Despite all students completing the same program, they understood the work of a pharmacist in diverse ways, ranging from dispensing and or providing counselling, information and advice to providing an accessible healthcare service to all members of the community as part of a healthcare team. The most common understanding, expressed by 34/104 (33%) of participating students, focused on dispensing and counselling, which aligns with traditional roles. The remaining understandings became progressively more inclusive, with 12 to 14% of students expressing each of them. Students reported that part-time work in pharmacies and experiential placements were highly influential in how they understood pharmacy practice.

Conclusion: Graduates' understanding of professional practice is central to how they enact and develop practice. It is crucial, then, that educators consider and address the variation in how students understand professional practice and influences on how practice is understood. This is necessary to ensure that understanding what it is to be a pharmacist aligns with program goals and the vision for the profession.

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Introduction

Qualifying to work as a registered pharmacist in Australia involves successfully completing an accredited four-year Bachelor of Pharmacy program or two-year postgraduate Master's program and completing an

internship. Pharmacy programs in Australia have undergone many transformations over time in an attempt to meet the needs of students, the profession, and the society. In the mid-1900s, pharmacy education moved from an apprenticeship/technical college model to a university degree. More recent changes include increased involvement of practitioners in teaching graduates, the integration of experiential placements throughout the program, and moving from a three to a four-year Bachelor's program. The internship consists in completing 48 weeks of supervised practice and an accredited internship program prior to registration

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through the Australian Health Practitioner Registration Agency (AHPRA).

According to the accrediting body, the Australian Pharmacy Council (APC), pharmacy graduates in any accredited university program are expected to

... have the capacity to respond to the changing health care needs of the community over the length of their careers, adapt to evolving priorities in health care and to adopt changing technologies for the delivery of health care services. They must understand and respond appropriately to the differing needs of consumers who rely on their expertise and work in a flexible and collaborative manner with a range of other health professionals. They are therefore expected to demonstrate resilience, flexibility, and adaptability in response to changing demands and to move forward confidently into new or expanded roles. They should have the capacity to cope with ambiguity and uncertainty and to manage change as their roles evolve in a changing environment.¹

Undergraduate and intern training programs have a responsibility to meet these expectations to prepare a well-trained and effective pharmacy workforce for the future. In preparing professionals for practice, education programs must be concerned with transforming students into professionals based on authentic experiences that integrate knowledge and skills into a broad and deep understanding of what it is to be a particular professional.^{2–4} Little is known about how deeply and broadly pharmacy graduates understand professional practice or the influences on this understanding.

This article explores the ways in which final-year pharmacy students at The University of Queensland understand the work of a pharmacist as they near completion of a pharmacy program and their perceived influences on how practice is understood. The evolving roles for pharmacists and what constitutes effective pharmacy practice today are discussed along with the barriers to practice development. The rationale for exploring how students understand pharmacy practice and the methodology employed in this study are provided. The alignment of the understandings of pharmacy practice with program goals, the vision for pharmacy practice, and health care reform agendas are discussed. The implications of the findings for pharmacy education, intern training, and further research are considered.

Changing roles for pharmacists

Since 1960s, there have been ongoing calls for pharmacists to challenge traditional models of pharmacy practice centered on dispensing and supply of medicines. In 1990, Hepler and Strand⁵ incorporated a more patient oriented practice into their concept of “Pharmaceutical Care” which they defined as “the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve

a patient’s quality of life.” Since then, pharmacy programs have integrated the philosophy of practice underpinning this approach⁶ into the curriculum and have promoted the development of relevant professional attributes.^{7–9}

In the last 30 years, much progress has been made internationally to extend the role for pharmacists beyond dispensing and supply, driven by internal and external forces as well as societal needs. However, concerns have been raised that the change for pharmacists to be primarily providers of care, rather than dispensers of medicines has been slow, variable, and/or incomplete.^{10–13} The “pick, lick, stick, and flick” role that focuses predominantly on supply, distribution, and dispensing of medicines remains central for many pharmacists. Twenty years after publishing his concept of pharmaceutical care, Hepler lamented his dream that “providing pharmaceutical care will become the central function, purpose, and responsibility of our entire profession” is “pharmacy’s dream deferred.”¹⁴

Documents published by international pharmacy bodies continue to promote Hepler’s vision for the future of pharmacy.^{10–12,15,16} The recent report from the Royal Pharmaceutical Society, entitled “Now or Never: Shaping Pharmacy for the Future,” emphasises that “... pharmacists and their employers must recognise the imperative to shift their focus away from dispensing and supply of medicines toward providing a broader range of services” and that “... a broader role for pharmacists as caregivers will be central to securing the future of community pharmacy.”¹⁰ The World Health Organisation (WHO) describes the contemporary role of the pharmacist as having eight functions: caregiver, decision-maker, communicator, manager, life-long learner, teacher, leader, and researcher.¹⁶ These broader roles for pharmacists and associated functions align with health care policy reform in Australia, which focuses on the delivery of quality and patient-centered health care that is flexible, integrated, coordinated, and collaborative.^{17,18}

Barriers to the development of pharmacy practice

A range of factors have been identified that have hindered the development of pharmacy practice over time. In community pharmacy, the funding model centered on fees for dispensing has been identified as a key barrier.^{19,20} Workforce issues, workload pressures, as well as a lack of coordination, collaboration, and role models have also been identified.^{10,12,19,21–23} Tensions arising from pharmacists being both commercial retailers and health care professionals, and perceived lack of legitimacy of pharmacists in clinical roles have resulted in resistance from sections of the medical profession.^{24–28} In addition, low expectations and insufficient public awareness about the contribution that pharmacists can make to patient care may hinder progress along with a lack of leadership from professional bodies.^{10,29}

Pharmacists themselves have also been implicated in impeding progress, with some feeling comfortable with

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