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Anatomically Correct! A qualitative evaluation of an integrated cadaveric clinical skills workshop series designed for future pharmacist prescribers

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Introduction: All newly qualified pharmacists in the UK will register as independent prescribers from 2026. Schools of Pharmacy are required to adapt current curricula to allow for greater embodiment of the skills future prescribers require. One essential element of the curriculum for prescribing pharmacists, set by the General Pharmaceutical Council, is understanding anatomy¹. Clinical examination techniques can be difficult to grasp without anatomical understanding of physical landmarks. Previously, pharmacists have had little anatomy training. The need for a stronger foundation of clinical skills and knowledge of anatomical landmarks is imperative as graduates become prescribers.

Aim: To explore the student perceptions of integrated pharmacist anatomy education.

Methods: In September 2022, an interprofessional team of anatomy and pharmacy academics developed a novel, two-year workshop series using cadaveric examination to better dovetail with clinical skills practical classes, delivered in the same week and covering the same body systems. Within the dissection room, students were invited to complete self-directed exploratory tasks using cadavers followed by interprofessional direction about relevant anatomical landmarks needed for clinical examination techniques.

Qualitative evaluation of student perspectives of this experience was undertaken in autumn 2023. Semi-structured interviews following a topic guide were arranged using purposive sampling by inviting students on the new programme (years one and two) and students who had received the non-integrated, anatomy-only programme (years three and four).

Interviews were conducted and recorded using Microsoft Teams. Transcripts were cleaned and quality checked. Inductive, open-coding was conducted following Braun and Clarke's reflexive thematic analysis to understand student experiences and perceptions, with coding and theme generation from one author (DD) with a second author (CEC) for sense-checking in a collaborative approach². A combination of latent and semantic codes were used as appropriate. Epistemological considerations regarding the data were constructivist, with experiential orientation. Institutional ethical approval was granted for this study (reference: 36415/2023). Lead author (DD) noted his positionality as a fourth-year MPharm student.

Results: Seventeen one-to-one interviews (n=17) were conducted with post- (n=8) and pre-curriculum change participants (n=9). Five themes were derived from transcripts: navigating initial reactions to anatomy education; valuing integrated and experimental learning; transfer and consolidation of knowledge through staff and peer interaction; individualised perception comprising of student's overall anatomy experience; prospective application of knowledge via content integration. Content integration was seen as beneficial by students, suggesting that it gave greater insight into the role and remit of a pharmacist and guided them towards the 'more relevant' information.

Discussion and Conclusion: An integrated approach of aligning clinical skills teaching with a multi-disciplinary-led, practical cadaveric anatomy series provided students with greater self-perceived confidence and understanding of clinical examination techniques. Students appreciated the importance of anatomy knowledge in prospective roles as prescribing pharmacists. Limitations of the study included the single site for recruitment at one School of Pharmacy, limiting transferability. Students highlighted benefits of being taught by practising clinical pharmacists who could illustrate the links to diagnosis and prescribing skills. Future research should focus on the longitudinal impact of an integrated anatomy education both pre- and post-registration.

Keywords: Education, Anatomy, Clinical skills, Undergraduate

References

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