had no medication changes. A 13-item questionnaire was designed for qualitative/quantitative data collection over a 4-week period in December 2021. Questions concerned discharge medicines information provided (written/verbal), patient/relative satisfaction and patient/relative understanding of medicines indicated and changes. Quantitative data underwent descriptive statistical analysis, whilst qualitative data were grouped by similarity and frequency counted.
Results: A total of 20 elderly patients/relatives were included: 11 were female and 9 were male. Eight respondents (40%) reported not receiving written information. Twelve respondents (60%) reported received a SystmOne discharge letter, of whom 7 received additional written information that included a discharge medication list. This was provided by nurses on all occasions. No respondents reported being offered a MaPPs leaflet/chart, but 17 respondents indicated that they thought that a MaPPs leaflets/chart would have been beneficial. Eleven respondents reported receiving verbal DMC, of whom 4 rated themselves as being "*not very satisfied*" with it. Key themes were: *'rushed discharges', 'limited patient/relative involvement'*. No respondents reported being informed about side-effects. Eleven and 14 respondents respectively reported partially/not fully understanding why medications were indicated or changes made.
Discussion/Conclusion: Overall, DMC was below the Trust standards. Poor explanation of changes and no information on side-effects was common practice. The findings are limited by the small sample size and limited generalisability to ethnic minorities. Future study plans include involving underrepresented patient groups in a larger sample. Nevertheless, the following recommendations were made: Offer all patients MaPPs leaflets/reminder charts and verbal DMC; Offer all elderly ward nurses pharmacy-led MaPPs training; add monthly reminders during morning handovers to use MaPPs; Document on the electronic prescribing system when MaPPs leaflets are provided.

Keywords: Medication safety; transfer-of-care; discharges; elderly

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Abstract citation ID: riac089.019

Interprofessional education during experiential learning placements for student pharmacists in Scotland. Exploring current support provision and stakeholder views

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Introduction: Increasing global awareness that interprofessional team working is essential within modern healthcare systems has led to regulatory bodies mandating the inclusion of interprofessional education (IPE) within undergraduate curricula. The General Pharmaceutical Council specifies in the 2021 initial education and training standards the requirement for an interprofessional learning plan in which "IPE must mirror practice".[1] Pharmacy educators are intensifying their efforts to ensure student pharmacists are presented with opportunities to develop collaborative competencies. Curricular development and implementation initiatives must explore structures and processes to ensure that experiential learning (EL) environments are conducive to supporting student pharmacists' interprofessional learning.
Aim: To explore structures and processes needed to support effective planned and unplanned IPE during EL placements for student pharmacists.
Methods: A mixed methods approach underpinned by the Biggs 3P theoretical framework was adopted.[2] This included (1) A document analysis reviewing resources including student pharmacist/EL facilitator university handbooks and NHS Education for Scotland Preparation for Facilitating Experiential Learning (PFEL) training - a mandatory requirement for all EL facilitators hosting student pharmacists on placement in Scotland. (2) A pre-piloted online survey distributed to EL facilitators. Survey development, guided by the Interprofessional Facilitation Scale, aimed to encourage EL facilitators to self-evaluate their own IPE facilitation skills.[3] The final survey tool included ten items with responses rated on a 4-point Likert scale (Poor, Fair, Good and Excellent) and a demographic section (3) Online semi-structured focus groups/dyadic interviews conducted with six EL facilitators, four practice educators and two academic staff were recorded and transcribed. Descriptive statistics were employed for quantitative data generated from the survey tool; for qualitative data content analysis was applied to develop emerging themes. Ethical approval was granted (S292) from the School of Pharmacy and Life Sciences Ethics Review Committee at Robert Gordon University.
Results: (1) The document analysis concluded that although the resources reviewed could not be specifically classed as training to support IPE, data collected provided context to

EL placements and the training and pre-activities that student pharmacists and EL facilitators complete. Three main themes emerged: "Lack of specific IPE training focus", "Varied terminology", "Lack of IPE pre-learning activities". (2) The survey was completed by ninety EL facilitators working in various practice settings: hospital 41.1% (n=37); primary care 25.6% (n=23); community 21.1% (n=19); academia 2.2% (n=2); other 8.9% (n=8). Survey responses indicated that 51.1% (n=46) and 42.2% (n=38) of respondents rated their ability to role model positive interactions with other healthcare professionals as good and excellent. However, responses to items relating more specifically to IPE facilitation skills indicated a lower confidence level. (3) Initial themes emerging from focus groups/dyadic interviews include "Profession-related perceptions of IPE", "Factors influencing IPE delivery and student learning", "Factors influencing future developments".
Discussion/Conclusion: This exploratory study has provided valuable insight into multifactorial aspects affecting IPE during EL placements; this will be used to guide future development of IPE initiatives. One limitation is that student pharmacists were not included in this study; the next phase of this research programme will explore student pharmacists' perceptions of IPE in EL.

Keywords: Interprofessional education; interprofessional learning; experiential learning; pharmacy education

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Abstract citation ID: riac089.020

A service evaluation of joint working across sectors to promote self-administration of subcutaneous systemic anti-cancer therapy in breast cancer patients

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Introduction: Trastuzumab(T) is a humanized monoclonal antibody used in the treatment of HER2-positive breast cancer and is available as a subcutaneous(sc) formulation thereby allowing short and convenient administration. A lack of trained nurses to administer T at home and/or train patients at home to self-administer, together with challenges in maintaining cold-chain delivery have impeded uptake of home administration.[1,2] In order to support patients' ability to self-administer T at home, we have implemented an educational programme that includes nurse-led training, education material, support apps and follow-up telephone clinics. Home delivery of pre-filled syringes was enabled in collaboration with commercial providers for aseptics and logistic.
Aim: The aim of this service evaluation was to evaluate the utility of this programme from the patients' perspective and to assess patient satisfaction and impact on quality of life (QOL).
Methods: A previously validated Self-Injection Assessment Questionnaire (SIAQ)[3] was modified to assess patient satisfaction, perceptions and impact of the programme. Patients who had agreed to enrol on the 'self-administration' scheme, were asked to complete the questionnaire at baseline, at the third training session and at the second self-administered dose. Approval from a Research Ethics Committee is not required for this service evaluation.
Results: All 14 patients offered the questionnaire responded to all questions. The median age was 58 years old (age range 43-76), 11 patients were Caucasian, 2 were Asian and one was African/Caribbean. The average distance from their home address to hospital was 10.1 miles (range 4-19). Following completion of the one-to-one nurse training there was an improvement in patient confidence to self-administer sc. T. No differences in 'feeling in control of their treatment' or 'satisfaction of attending hospital appointments' were noted. Of the 11 patients who reached the self-administration stage, 10 reported that they felt 'very confident' and 8 reported that it was 'very easy' to give themselves the injection. All patients rated themselves 'very satisfied' with self-administration and reported that the nurse training programme helped them to be more confident. 10 patients reported that the App and written information was useful as well as the pre- and post- administration telephone clinics. All patients reported that the self-administration programme had a positive impact on their QOL by reducing the number of hospital visits. In the first 4 months of self-administration each patient reduced their hospital attendance by an average of 8 appointments (median=8) equating to 10 hours of time that would have been spent at hospital.
Discussion/Conclusion: The subcutaneous T self-administration programme was well received by patients. The nurse training sessions and supportive materials enabled patients to feel more confident about self-administration with no reported incidents or adverse events. This led to fewer hospital visits and improved QOL. This programme was critically dependent on the services of a commercial compounder and homecare