**A virtual patient educational programme to teach anticoagulant counselling to pharmacists: A qualitative evaluation**

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**Introduction**

A virtual patient (VP) has been developed to help teach pharmacists and pre-registration trainees how to conduct patient-facing medicine counselling for non-vitamin K oral anticoagulants (NOACs).1

**Aim**

To explore the learner-reported value and acceptance of the VP. This includes investigating perspectives on the VP’s usefulness and usability and how the VP can be incorporated into education, training, and continuing professional development (CPD).

**Methods**

Following ethical approval, semi-structured interviews were conducted with a sample of pharmacists and pre-registration trainees practising in hospital or community sectors. A maximum variation sample was identified from an earlier quantitative evaluation of the VP. Participants were required to trial the VP before the interview which included discussions incorporating feelings towards VP use; implementation; improvements; and perspectives on particular design elements. Interviews were audio-recorded, transcribed verbatim and analysed using the Framework Analysis approach.2

**Results**

A total of 22 participants took part in interviews. Participants were selected based on their sector of practice and qualification status. The interviews were a mixture of face-to-face, telephone, and Skype. From the 22 interviewees, 5 were from the community sector and 17 were from the hospital sector; several participants had additional multi-sector experience. 14 were qualified pharmacists and 8 were pre-registration trainees. Participants reported that the VP was useful, easy to use and novel. It was described as ‘exciting’ ‘lifelike’ and ‘enjoyable’. There were links to experiential learning and some of the participants reported a direct impact on their practice. ’’I think it’s just good when you’re reflecting to see if you understand or what you have done well on and then in future, what you need to work on.’’ [P43]. “After using the tool I. . .came across options where I could counsel a patient on NOACs and I felt much more confident.” [P57]. The VP provided a safe practice opportunity, particularly for those new to medicines counselling. A minority of participants thought that the VP was limited in its realism to practice. ‘‘Some of them [question options] I just find that they were a little bit restrictive and maybe not a true reflection of real life.’’[P74]. Areas suggested to improve usability include increased flexibility of responses, and further resources and signposting to enhance learning. Participants reported that pre-registration pharmacists and newly qualified pharmacists may benefit the most from VP use. Where the VP was used by qualified pharmacists there was some interest in its potential use for CPD but these results were mixed.

**Conclusion**

The VP was reported to be useful from the participants’ perspectives, but improvements have been identified to optimise user experience. The VP may be best aimed at pre-registration pharmacists and newly qualified pharmacists, but its contribution to CPD is unclear. This study directly addresses use of a VP aimed specifically at pharmacists; it appears to be the only study to have incorporated pharmacists as VP users. VPs and other simulation technologies should be continued to be developed and evaluated to contribute to pharmacist education and training.

**References**

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2. Pope, C., Ziebland, S., and Mays, N., 2000. Qualitative research in health care: Analysing qualitative data. BMJ, 320 (7227), 114–116.