Title

Trainee perceptions on the usefulness of Virtual Patients and other support during the pre-registration year.

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Introductory Line

Pre-registration trainee’s experiences of their training and the support available varies[1]. Making a range of resources available for trainees potentially allows them to learn in different ways and practice experiences which they may not otherwise have.

Aim

To explore pre-registration trainee’s perspectives on the level of support in pre-registration training and determine whether Virtual Patient case studies could be integrated as a resource into the training year.

Research Design and Methodology

Institutional ethical approval was obtained in 2014. Pre-registration trainees were recruited from a wider quantitative study of 165 pre-registration trainees, representative of those studying in the UK, which compared Virtual Patient (VP) and non-interactive case studies as learning tools[2]. Participants were recruited by purposive sampling to provide a similar distribution of trainees from both groups who were completing their training in the community and hospital sectors and those who identify as male and female. Trainees were invited to take part in an in-depth telephone interview. A semi-structured questioning approach was used to obtain trainee’s thoughts on the level of support they received during the training year, if there was a need for more support, whether VP case studies could be a beneficial resource and, if so, what kind of support they would want from the VP. Interviews were audio recorded, transcribed verbatim and analysed using the Framework approach.

Results

Interviews were conducted with 20 pre-registration trainees (2014-2015); 9 from the intervention group and 11 from the control group, with 4 trainees having used both types of case study. The sample included 17 females (85%), 3 males (15%) and a mix of those completing pre-registration in hospital (10, 50%) and community (10, 50%). Interviews with trainees from both groups lasted, on average, 45 minutes and ranged from 20 minutes to 1 hour and were conducted at a time of the trainee’s choosing.

Overall, 6 participants felt they received ‘a lot’ of support during the training year, 8 felt they received ‘moderate’ support and 6 felt they received ‘little’ support. All participants reported wanting access to more resources; with the variability of pre-registration training contributing as the main factor for this. Participants felt the VP worked well in ‘practicing things you might not see otherwise’ and felt it provided an opportunity to develop specific skills and knowledge ‘without risking harm to a patient’.

Trainees reported that the VP was novel, therefore engaging and provided ‘learning by doing’. The VP was described as a ‘reputable’ and ‘easily accessible’ resource, thus able to fit into the training schedule. Future topics for the VP suggested by trainees included: ‘clinical topics’, OTC ailments and products, service-based, pharmacy law and interdisciplinary skills.

Conclusions

Pre-registration trainee participants reported wanting more resources to support them during their training year. Individuals learn in different ways and the VP is a novel resource which provides an opportunity for trainees to simulate and practice scenarios they may not otherwise experience. The sample size for the interviews was limited and a wider scale study is required to obtain further insight into the specific support trainees want.

References

[1] The General Pharmaceutical Council, Pre-registration Surveys 2014, Surveys of 2013/14 pre-registration trainees and tutors - summary of findings and points for consideration, (<https://www.pharmacyregulation.org/sites/default/files/gphc_response_to_2013-2014_pre-reg_surveys_final.pdf>)

[2] International Journal of Pharmacy Practice, Abstracts of Papers Presented at the Health Services Research & Pharmacy Practice Conference, 7–8 April 2016, University of Reading, UK, Volume 24, Issue S1, April 2016, Page 27