

# Pharmacy Education through Public and Patient Engagement during COVID-19 pandemic: the switch from physical to digital delivery.

Steven Seymour; Ann Urmston, Steph Holmes, Andrew Lunn, Andrea Manfrin. University of Central Lancashire.

**Background:** The School of Pharmacy and Biomedical Sciences has collaborated with the Comensus (COMmunity Engagement and Service User Support) department at UCLan since 2013 (Becket et al. 2014). **Comensus** are a group of patients, public members and organisations who provide input into teaching and learning from their own personal perspectives (Harden, 2000). We have a fully integrated Patient and Public Engagement (PPE) programme within our four-year spiral curriculum.

## Description of work

Table 1- PPE in the Curriculum

|   |   |
|---|---|
| Community engagement group perspectives | IPE Activity with patients and other courses/ organisations |
| Case based learning                     | Class time to talk sessions                                 |
| Communication formative assessment      | Demonstrations of point of care testing kits                |
| Flipped learning                        | Small consultation work                                     |

## Post - Covid, Online Delivery:

Switching from face to face to Microsoft Teams and delivering live with Staff, Students and Patients was the aim.

## New Resources

Online resources utilising Flipgrid, Thinglink, Padlet, etc.

Becket, G., Wilson, S., Greenwood, K., Urmston, A., Malihi-Shoja, L. (2014). Involving patients and the public in the delivery of pharmacy education. *The Pharmaceutical Journal* DOI:10.1211/PJ.2014.11138731

Lunn, A., Urmston, A., Seymour, S. Manfrin, A., (2020). Patient as teacher sessions contextualise learning, enhancing knowledge, communication, and participation of pharmacy students in the United Kingdom. *Journal of Educational Evaluation for Health Professions*. DOI: [10.3352/jeehp.2020.17.15](https://doi.org/10.3352/jeehp.2020.17.15)

Harden, RM. (2000) The integration ladder: A tool for curriculum planning and evaluation. *Medical Education* 34:551-557

## Benefits

- Broader geographical range with patients
- Student experienced live patient sessions
- Development of digital skills/ alternative communication methods
- Public knowledge transfer  
Connectivity among varying communities of practice

## Challenges and solutions

**Equipment** To engage with online teaching

- Funded devices/ Wifi/ Subscriptions for Patients, Students and Staff

**IT Literacy** Ability to use online software

- Training and 1-2-1 support.
- Guides and informational videos.

**Behaviour** Confidentiality and student behaviour

- Adaptation to the student etiquette policy to include working online and mandatory use of cameras and microphones.

**Online classrooms** Facilitating online activities

- Members of staff in each break out room
- Staff member to deal with all technical issues for Patients, Staff and Students
- Limiting the rights of participants

## Differences:

Table 2- Comparing Face to face with Digital delivery:

| Item                            | F2F | Digital |
|---------------------------------|-----|---------|
| Live contact with Patients      | YES | YES     |
| Small group work                | YES | YES     |
| Skill demonstration             | YES | YES     |
| Training for patients           | YES | YES     |
| Student Etiquette Policy        | YES | YES     |
| Shorter sessions                | NO  | YES     |
| Devices/ WIFI for patients      | NO  | YES     |
| Losing people virtually         | NO  | YES     |
| Staff member for digital issues | NO  | YES     |

## Proposed Evaluation

A complimentary quantitative and qualitative analysis following the procedure from Lunn et.al (2020) with focus groups for a direct comparison to pre-COVID.

## Conclusion

Although faced with challenges and additional work, on reflection we are pleased with the outcomes. During a difficult period, we maintained all our public and patient sessions and developed a new method to delivery for the future. We conclude that neither the Face to Face nor the Digital approach is the preferred method but rather a blended approach of them both.