

The course starts with a full study day followed by five learning community sessions; each group has five members, allowing learners the opportunity to facilitate a session. There is a one hour facilitated action learning style approach to the project work, to provide support for project and leadership development.

**Results:** This multi-sector leadership education experience has been widely acclaimed as a positive force to drive improvements in person centred care in the NHS through enhanced leadership skills.

The format of the learning communities has facilitated cross sector networks, which have continued beyond the course and each individual has produced a project which has improved patient care.

There are examples of participants who have developed to the extent that they commenced new leadership roles.

We are currently nearing the end of cohort two, with pharmacy professionals utilising the leadership skills they have learnt to drive change in their projects.

**Conclusion:** Personal development is difficult to measure but the cross sector community for learning has inspired a shared purpose and reignited a passion for pharmacy.

#### References

NHS Leadership Academy. (2018). The nine leadership dimensions (online). Available at: <https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/nine-leadership-dimensions/>. Accessed 3<sup>rd</sup> May, 2018

Royal Pharmaceutical Society. (2015). Leadership development framework (online). Available at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Development/rps---leadership-development-framework-january-2015.pdf>. Accessed 3<sup>rd</sup> May, 2018

### 30: Exploring digital teaching tools, including the use of social media, to support teaching; perspectives of M.Pharm. students

J. Tomlinson, I. Azad, M.A. Saleem, K. Medlinskiene

*School of Pharmacy and Medical Sciences, University of Bradford, United Kingdom*

**Background:** The School of Pharmacy and Medical Sciences, University of Bradford, is keen to evaluate the potential benefits of digital tools to enhance the teaching and learning of all M.Pharm. students. Students are increasingly using digital technology for both educational and social purposes (Cheston *et al.*, 2013). This project explored the views of pharmacy students about digital technology, including social media, for teaching in the M.Pharm. programme.

**Method:** Convenience sampling was employed to recruit M.Pharm. students for focus groups. Each focus group, facilitated by student researchers with topic guide, was audio-recorded and analysed for themes. Ethics approval was obtained from the University.

**Results:** Year 2 and 3 students from two focus groups (n1=8 (6 male), n2=10 (8 male)) identified three main digital teaching tools used in the current programme: Blackboard, response clickers, and iSTAN. Blackboard, a virtual learning environment, was seen as a hub for holding all required learning materials. However, its use depended on internet access and some felt they would benefit from offline use and improved compatibility with different devices. Audience response systems and a human patient stimulator were well received by students. However, participants strongly felt that they were under-utilised.

The main benefit of using social media for learning was instant feedback and the encouragement of informal discussions. Participants were not always comfortable posting within the current digital tools used in the programme (*e.g.* Blackboard) as they felt 'monitored'. However, participants acknowledged that information obtained through social media might not be as reliable as information from digital tools moderated by academics. Interestingly, participants reported a lack of engagement with programme specific social media pages (*e.g.* Facebook page). They felt that the information provided was aimed at qualified pharmacists, rather than current students.

**Conclusion:** Participants valued accessibility, flexibility and availability of instant feedback when using digital tools to support their learning. They felt positive about the digital tools used within the programme but emphasised the need of greater integration.

#### References

Cheston, C.C., Flickinger, T.E. & Chisom, M.S. (2013). Social media use in medical education: a systematic review. *Academic Medicine*, **88**(6), 893-901

### 31: Exploring the use of digital technology in the M.Pharm. programme to prepare students for their first day of practice

J. Tomlinson, U. Yaqoob, S. Shabbir, K. Medlinskiene

*School of Pharmacy and Medical Sciences, University of Bradford, United Kingdom*

**Background:** Technological developments have facilitated the storage of patient records, enabled electronic prescribing, dispensing and the administration of medicines (Goundrey-Smith, 2014). These innovations are increasingly being used, requiring pharmacists to further develop digital capability. The School of Pharmacy and Medical Sciences, University of Bradford, is keen to explore ways to better equip M.Pharm. graduates with the necessary skills to confidently practise in the modern digital environment. This project explored student and staff perspectives of current digital teaching tools in relation to preparedness for the first day of practice.