

Clinical teaching culture in hospital pharmacy and medicine La culture de l'enseignement clinique en pharmacie et en médecine hospitalières

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There is stark contrast in the clinical teaching culture between hospital pharmacy and medicine. While many students from programs such as medicine and pharmacy desire more clinical experience in their undergraduate curriculum¹ medical students begin their clinical experiences much earlier than pharmacy students. Shadowing in a clinical setting, defined as time spent observing a clinician without pay and outside of educational curriculum requirements, is traditionally accepted in medicine and sometimes begins even prior to medical training.² Physicians regularly encourage and accept pre-medical and medical students to do clinical observerships so that students can gain first-hand experience and understanding of their day-to-day activities.² Shadowing provides learners with the opportunity to develop awareness of the mentor's role and specialty in a real-life environment in contrast to a textbook or large group lecture. Patients are generally unconcerned about a potential breach to confidentiality and feel that learners have a neutral impact on their visit and their relationship with their physician, and feel that allowing students to shadow has a positive influence on learners' future careers.²

Clinical pharmacists working within a hospital are responsible for clinical duties including comprehensive reviews of complex patient cases and evidence-based management of medical conditions, as well as employing expertise and leadership in navigating the medication use system with an emphasis on patient-centred care. Clinical pharmacists work in a wide range of pharmacy specialties

in various settings and play an important role in inpatient care by ensuring optimized medication use.³

Despite the important role of pharmacists in the hospital setting, pharmacy students graduate with inadequate insight into hospital pharmacy, with even fewer experiences in specialty clinical pharmacy.⁴ Canadian pharmacy education curricula include structured clinical rotations that provide experiences in hospital pharmacies, but are typically of short duration and the majority take place for the first time only in or after the second year of training. The quality of experiences in clinical rotations varies between placement sites and preceptors; a pharmacy student may spend a rotation exclusively observing specialty clinical tasks or witnessing minimal to no clinical work. Yet, we observe it is not as acceptable for students to seek shadowing experiences in clinical pharmacy, and less common for clinical pharmacists to encourage or accept pharmacy students to join them for clinical observerships.

We believe that pharmacy students could benefit from self-initiated experiential learning opportunities similar to those accessed by medical students. Student-initiated shadowing experiences would allow learners to investigate specific specialty areas in which they have interest early in their educational career, promoting personal growth and career development,⁵ while the self-directed nature of unstructured experiences advances students' ability to communicate with clinicians autonomously. Further, experiential learning through shadowing experiences promotes the development of pharmacy students' critical

thinking and decision-making skills in the context of a clinical environment.³

Despite the advantages of shadowing, this learning opportunity is not as commonplace in hospital pharmacy practice. To enhance pharmacy students' learning experiences and exploration of specialty hospital pharmacy practice, pharmacy students should be assisted to independently seek shadowing experiences, while hospital pharmacists should be encouraged to accept students for observerships. The support of hospital pharmacists and their departments for self-initiated unstructured training among student pharmacists would fill an existing gap in pharmacy education.

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