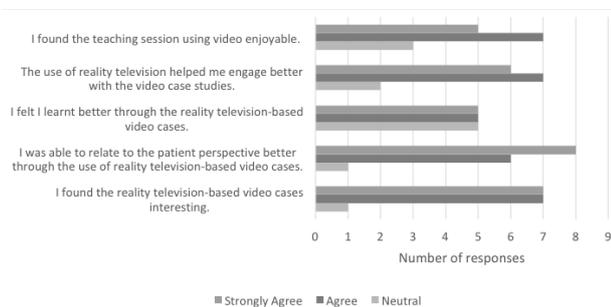


Method: This was piloted on 61 third-year M.Pharm. students. An online wordcloud was used to gather immediate feedback from the students from two of four workshop sessions. This was followed-up by an online questionnaire to elicit more thoughtful, delayed feedback from all students.

This study was ethically approved. Simple statistical methods were used to analyse quantitative data and thematic data analysis was used to draw out themes from qualitative data.

Results: The online questionnaire had a response rate of 25%. Figure 1 shows the responses from the Likert scale questions. The average score from all questions was 4.00-4.47 of 5.

Figure 1: Use of reality television in video case-based pharmacy practice teaching



Themes emerging were:

1. Understanding the patient experience
2. Improved understanding of study material
3. Meaningful application of theory to practice
4. Realism

Conclusion: This study shows reality television-based case studies are useful to increase student understanding, application to practice and development of empathy. Future work could include comparing text-based against video-based case studies and inviting students to focus group discussions to further explore their views on this teaching method.

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38: Gamification in M.Pharm. teaching

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Background: Gamification is the use of game mechanics to promote engagement and enjoyment in a variety of tasks for the purposes of learning. This interactive and collaborative approach when applied to healthcare education has been shown to improve student knowledge and understanding (Shawaqfeh, 2015), and further develops communication and interpersonal skills in a range of settings (Kim *et al.*, 2018). The benefits of these activities rely on well-designed games, based on the 'laws of learning' and the 'laws of good game design' (Mora *et al.*, 2017).

Aims: To develop pharmacy-based games, that provide an interactive peer led learning activity and evaluate their ability to increase student engagement in key areas of the M.Pharm. curriculum.

Method: Final year project students surveyed all 107 final year M.Pharm. students using the Ombea audience response system. Analysis of these results identified pharmaceutical/ medicinal chemistry and pharmaco-kinetics as areas of interest, which guided the focus, and design of the games. Students developed game prototypes and a process of initial testing and refinement was carried out within the development group. Beta testing with small groups of students from final year was conducted (three groups, eight students per group). Feedback was collected from each test as a group interview and individual questionnaire to assess engagement and effectiveness.

Results: This project produced a versatile new game - 'Pharmopoly'. This fits well within our integrated spiral curriculum, with game mechanics which place particular emphasis on the chemistry and pharmacokinetic concerns raised, providing a fun and novel way for students to engage with course content. Pharmopoly represents a versatile teaching tool which can be used to target specific year groups and subjects through development of appropriate question banks while maintaining the game mechanics.

Conclusion: This game provided a fun and engaging teaching tool while supporting the attainment of key learning outcomes as demonstrated by the positive student responses in the post-test evaluation. However, this game needs to be further tested with larger groups of student in a classroom setting. These results add to the growing body of literature supporting gamification as an effective tool in healthcare education.

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