

concentration, or a different strength being more suitable for administration.

Suggestions to aid implementation of future recommendations included ensuring dissemination to community-based practitioners, and providing clearer detail on the rationale behind choice of a concentration.

**Conclusion** The NPPG/RCPCH position statement has helped drive standardisation to some extent, though work is needed to understand how best to support practitioners implementing these and any future recommendations.

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SP3

#### UNDERSTANDING LIVED EXPERIENCES: A NOVEL UNDERGRADUATE PAEDIATRIC WORK-BASED LEARNING PLACEMENT

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**Introduction and Aim** Pharmacy undergraduate education and training is undergoing a transformation as placement providers and Schools of Pharmacy look to create more meaningful learning experiences. Work-based learning involves the placement of students within a work environment to experience and take part in work-related activities. In the majority these experiences are within adult care.

The aim of this placement was to provide pharmacy students with paediatric specific education with the focus on patient and family centred care.

**Method** A novel work-based learning placement was designed for year 4 undergraduate pharmacy students within a paediatric hospital in North-East England. Students attended one three-hour session on alternate weeks to a total of five. The premise was for students to work in pairs on a paediatric ward to talk to children, families, and carers about their lived experiences of the child's condition, and care. The focus was not to give advice or to focus on medication use, but rather the experience was intentionally unstructured so that the students could discuss broader topics with the aim of understanding the families' experiences to develop their patient-centred approach to consultations. Students document their conversations and reported back to a session supervisor (a clinical pharmacist) who conducted a debrief. This work represents a content analysis of the activities of the students to present this innovative educational intervention; no ethical approval was required.

**Results** A total of 42 year 4 students took part in the placement between January and May 2021. Students worked across a mixture of five wards including respiratory, neurology and surgery. Students spoke to a mixture of child inpatients, family members including parents, siblings, and extended family, and carers/other legal guardians. Topics varied and included: medicine use, explanation of diseases and non-pharmaceutical treatments by the families to the students, discussion of the impact on the child's education, parental work, homelife and siblings. The students were exposed to a range of circumstance of the families e.g. low income, ethnic minority and cared for children, and also a range in the seriousness and longevity of the admission e.g. end of life care, tonsillitis and appendectomy,

Crohn's disease, asthma and bronchiolitis, epilepsy and varied genetic conditions and illnesses.

The students appeared to have a greater awareness of paediatric care and treatments and appeared to grow in confidence in talking to children directly and to family members/carers. The families also engaged and were willing to share their experiences and at times spent long periods with the students with some taking ownership of teaching them. It appears that the families recognised this as an opportunity to raise awareness of their child's disease and to teach future professionals.

**Conclusion** This work demonstrates a novel placement in paediatric education and training. The students demonstrated improved confidence in paediatric consultations and a greater awareness of paediatric care through being exposed to a range of clinical areas, and types of patients and families. The families also appeared to enjoy sharing their experiences.

SP4

#### IMPLEMENTATION OF SMART-PUMPS AND STANDARD CONCENTRATION INFUSIONS ACROSS A PAEDIATRIC HOSPITAL GROUP – A TRAINING AND EVALUATION MODEL

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**Aim** To implement and train staff in the use of a smart-pump drug library across all clinical areas of the four sites of a large paediatric hospital group.

**Method** A multi-disciplinary steering group was devised with representation from each site to co-ordinate the implementation of a smart-pump drug library and smart-pumps across the entire organisation. Two stages of training were identified: Phase 1: smart-infusion pump training to new users; Phase 2: drug library education. Phase 2 training was co-ordinated by a dedicated smart-pump team nurse educator, supported by six nursing staff seconded to the project on a short-term basis. A comprehensive training package and support documentation were developed. Drug library education sessions involved interactive practical teaching sessions in use of the drug library, followed by completion of a self-assessment competency tool. Staff training was recorded in a training record database. Implementation into each clinical area occurred once 80% of staff had attained competency in both pump and drug library training. Amended training sessions were offered to pharmacy staff and to nursing students. A 12-month fixed term full-time Smart-Pump Support Clinical Nurse Manager post was created and filled in Q3 2020 to support staff and the smart-pump team and to conduct post-implementation audit. Efficacy of training and compliance of drug library use were evaluated at 3-month and 9-month intervals using staff satisfaction surveys and direct observational study.

**Results** Drug library training was delivered to over 800 nursing staff between June 2020 and August 2021. The drug library has been implemented in all clinical areas across four sites. Processes for on-going training support have been established.

Preliminary direct observational study results indicate that drug library use increased from 41.2% to 73.5% at 3 months and 9 months respectively. Where the drug library was used, no clinically significant programming errors were identified. IV

fluids were most commonly programmed outside of the drug library. The most common deviations involved use of the incorrect care unit. The 9-month audit is ongoing.

Staff satisfaction survey was completed by 140 staff 3 months post implementation. 80% of staff surveyed agreed the drug library was easy to programme, with 84% agreeing that the drug library enhances patient safety and 89% considering education was good/excellent. Phase 2 (9 months' post implementation) is ongoing.

**Conclusion** Cross-site collaboration has enabled wide scale implementation of internationally recognised best practices for the safe administration of IV medications across the four paediatric sites of a large paediatric hospital group.<sup>1-3</sup> Feedback provided to the smart-pump team and local pharmacy and nursing teams has facilitated ongoing development of education and training needs and drug library content. Training continues to be offered to all new staff, with local refresher training available on request. Dedicated nursing resources are an essential component for successful implementation of smart-pumps at an organisational level.

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## SP5 PARENT-LED ADMINISTRATION OF MEDICINE ON THE NEONATAL UNIT

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**Background** Medication administration is a high risk and error prone task for the trained healthcare professional,<sup>1</sup> however, there is little emphasis on training parents how to administer medications until the point of discharge.<sup>2-4</sup> The transition from the neonatal unit to home is an anxious and stressful time for parents and 'one has to question the amount of learning that actually occurs when important information is taught under these circumstances'.<sup>2</sup>

**Aim** Explore current practice and the concept of parent-led administration of medication on the neonatal unit to determine if parents feel adequately prepared for the transition to home.

**Method** A case study approach using mixed methods explored the perspectives of neonatal parents and healthcare professionals. The views of both parties on parent-led administration of medication were identified and quantified using a web-based questionnaire, followed by a qualitative virtual focus group. Participants were recruited from a single research site.

**Results** A total of 50 neonatal parents participated in the study (44 questionnaire; 6 focus group). Two thirds of questionnaire respondents (65.9%, n=29/44) reported some degree of stress with administering medication, and focus group participants described how inconsistent advice contributed to their

stress. Although parents involved with medicine administration were less likely to feel stressed, their involvement was limited to administering pre-measured doses. Two thirds of neonatal parent participants (65.9%, n=29/44) suggested introducing parent involvement early in the neonatal journey.

A total of 64 healthcare professionals participated in the study (60 questionnaire; 4 focus group) which mostly comprised of neonatal nurses (70%, n=42). Despite acknowledging that parents should take an active role in their baby's care, healthcare professionals expressed concerns around the practicalities and accountability of parents administering doses whilst in the healthcare setting. Just over a quarter said it was safe for parents to administer medicines while on the neonatal unit but that it was dependent on the drug. Healthcare professionals identified that clear guidance was needed to promote change and allay concerns around relinquishing control with the task of medication administration.

Triangulation informed the development of a family-centred protocol for parent-led administration of medication. The protocol provides the neonatal healthcare professionals with a unified and safe approach to parent-led medication administration.

**Conclusion** This study established that current practice with medication administration on the neonatal unit is nurse-led and identified a cautious support for parent-led administration of medication from the healthcare professionals. Although the small sample size limits the generalisability of the findings beyond the research site, this study suggests for the first time, a family-centred protocol for parent-led administration of medication that provides a clear framework for healthcare professionals to facilitate parent participation whilst ensuring patient safety. Further research is needed to test the feasibility of the protocol.

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## SP6 COMMUNITY PHARMACY SERVICES AVAILABLE FOR CHILDREN IN ENGLAND

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**Aim** Community pharmacy (CP) has a vital place within a network of health service providers in the local community. Several government-led initiatives have been introduced in England to further strengthen their role in public health; including children and young people.<sup>1-2</sup> Few studies have explored parents/carers' and young people's experiences in using CP services and little is known about the utilisation of CP services for children and young people.<sup>3</sup> This study aimed to identify the experiences, opinions, and recommendations of