

alternative for refractory CMV infection, even if resistant to ganciclovir.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-142 EVALUATION OF ADEQUACY, ADHERENCE AND SAFETY OF HUMAN IMMUNODEFICIENCY VIRUS POST-EXPOSURE TREATMENT

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Background and Importance Preventing human immunodeficiency virus(HIV) transmission is a major public health challenge. Consideration is given to the role of post-exposure treatment(PEP) of HIV prevention strategies.

Aim and Objectives To describe the adequacy, adherence and safety of PEP.

Material and Methods A retrospective observational study conducted in a tertiary hospital: patients older than 16 years old treated with PEP who consulted to emergency department(ED) January 2021-july 2022. Sex, age, risk and type exposure, adequacy of PEP based in clinical guidelines (<72 hours to start PPE, combination:EMTRICITABINE/TENOFOVIR/RALTEGRAVIR), previous PEP, HIV-status source, basal/monthly serology, dispensing-shift, suitable patient for pre-exposure treatment(PrEP), adherence, completeness and safety of PEP were collected as variables. Statistical analysis was performed using Stata MPv17.0.

Results 70 patients(67.14% men; median age 24.44, Interquartile range[IQR:21.69–35.91]) visited de ED 77 times to get PEP: 5/70(7.14%) presented twice and 1/70(1.43%) three times. 13/70(18.57%) were suitable to start PrEP and 1/13 had already started PrEP.

67/77(87.01%) of dispensing treatment were carried out in our centre and 70/77(90.90%) were the standard combinations. Exposure risk were: 36/77(46.75%) low, 32/77(41.56%) minimum, 7/77(9.09%[CU1]) high and 2/77(2.60%) unknown. Of all, only 3/77(3.89%)PEP were not adequate according clinical guidelines. All patients were provided by pharmaceutical care and a large proportions of all PEP visits 46/77 (59.74%) were between 10pm-8am.

75/77(97.40%) of exposure were non-occupational: 54/75 (72%) sexual exposure, 18/75(24.00%) suspected sexual aggression and 3/75(4.00%) accidental puncture. Most of HIV-status of the source were unknown(63/77;81.82%), followed by positive status(12/77;15.58%) and negative status (2/77;2.60%). HIV serologies at the baseline were negatives(72/77) or unknown(4/77) except 1 who had positive status. In the monthly serology, most of the patients had a negative result(55/76) or unknown due to loss of follow-up(LFU)(21/76).

After finishing PEP, 60/77(77.92%) patients had adherence, 8/77(10.39%) had no-adherence and 12/77(15.58%) unknown because of LFU.

21/77(27.27%) PEP were not finished due to LFU(15/21;71.43%), medical decision (5/21;23.81%) or treatment intolerance(1/21;4.76%).

Side effects(SE) were reported in 24/77(31.17%):(4;16.66%) patients reported moderate SE[CU2].

Abstract 5PSQ-142 Table 1

SE	%
GASTROINTESTINAL	65.62
CENTRAL NERVOUS SYSTEM	19.35
PSYCHIATRIC	6.45
GENERAL DISORDERS	6.45

Conclusion and Relevance In summary, PEP decision-making was adequate in the majority of visits. It should be noted the large number of patients who are LFU[CU1] . Therefore, work should be done to avoid such losses.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-002 WHAT'S ANOTHER PEER? EXPLORING THE USE OF NEAR PEER TEACHING OF MEDICATION HISTORY TAKING IN PHARMACY UNDERGRADUATES IN THE UK

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Background and Importance Ten Cate and Durning (2007)¹ propose that a fundamental goal of higher education is to achieve 'progressive independence of the learner'. They argue that when fostering independent thought and decision-making, learning may also incorporate elements of teaching and mentorship. One way to achieve this is to facilitate the teaching of others or the concept of 'peer' or 'near peer' teaching (NPT). Final year pharmacy students were introduced to the concept of NPT via a workshop and then taught second year pharmacy students completing medication histories on placement.

Aim and Objectives To explore final year undergraduate pharmacy students' experiences of near peer teaching as part of their hospital experiential learning programme.

Material and Methods This qualitative study involved the use of a focus group in February 2022, with eight final year students who had taken part in NPT on placement in December 2021. A topic guide directed the discussion of the focus group which was digitally recorded. The data was transcribed verbatim, and the transcript analysed using Thematic Analysis.²

Results Four main themes were identified from the analysis. The theme of 'relationships' had subthemes of 'trust', 'role modelling' and 'being valued'. The theme of 'emotions' had subthemes distinguishing negative and positive feelings as a result of feedback. The theme of 'curriculum and organisational culture' had subthemes of 'timing' and format of feedback' and 'feedback literacy'. Finally, the theme 'views of peer teaching' had the subthemes of 'power' and 'two-way learning'.

Conclusion and Relevance Final year pharmacy students demonstrated an appreciation for the teaching activity, stating it had improved their confidence and enhanced their professional identity. They indicated that their second year peers benefitted from the activity as they learnt to take accurate medication histories. As the UK Pharmacy degree will be updated in line with new standards this year, it is imperative that students

have the opportunity to meaningfully engage in NPT to foster independence.

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6ER-003

THE CLIMATE EMERGENCY, HOW CAN PHARMACY MAKE A DIFFERENCE?

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Background and Importance Climate change is acknowledged as 'the most significant health threat that modern society has ever faced'(1). Medicines alone are responsible for 25% of the NHS's carbon emissions. One aspect that needs to be explored is what is currently being taught in this area at undergraduate level.

Aim and Objectives To identify any current sustainable healthcare teaching included within pharmacy degrees in the UK. To establish whether respondents felt it was important for sustainability to be included within pharmacy degree programmes.

Material and Methods Two questionnaires, one for academics in the schools of pharmacy, and one for undergraduate pharmacy students, were compiled on Microsoft Forms. The staff questionnaire was sent to the Heads of School in all UK schools of pharmacy for completion by the most suitable staff member. The Head of School was asked to forward the student questionnaire link to their final year pharmacy students. Data was analysed using Excel and Chi squared. Ethical approval was gained from Queens University Belfast.

Results The staff questionnaire response rate was 28.6% (8/28). The student response rate for Northern Ireland institutions was 30.2% (42/139), an estimated response rate of 4.7% (14/300) was gained from respondents studying in Scotland. No responses were received from pharmacy students studying at Welsh or English universities. The majority of respondents (students: 98.2% staff: 87.5%) thought sustainability teaching was important. When students were asked if their Pharmacy degree had prepared them to apply sustainability in the pharmacy profession all respondents (100%) replied 'No' or 'Don't know'. All staff respondents replied 'No' to the same question. All student respondents stated that less than 5 hours teaching in sustainability had been delivered in their degree to date.

Conclusion and Relevance Sustainable healthcare teaching within UK pharmacy degree programmes is limited. There is a disconnect between student respondents 'lived experience' of sustainable topics in the MPharm and staff knowledge of the intended curriculum. There is a need for this content to be included in future Pharmacy degrees.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-006

CURRENT PERFORMANCE OF HOSPITAL PHARMACY SPECIALISTS TRAINED AT A TERTIARY HOSPITAL IN SPAIN

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Background and Importance Professional success may be an indicator of quality of specialised training. Pharmacy services should analyse the employment of their residents.

Aim and Objectives To describe and analyse a cohort of specialists trained at a tertiary hospital as quality control of the teaching performance.

Material and Methods Names, gender, residency start dates, and current job position of all residents trained in our tertiary hospital from 1979 to the present were recorded. The current jobs were classified as: deceased, retired, never worked, community pharmacy, public administration, primary care pharmacy, hospital pharmacy, currently in the training period, or other. For hospital pharmacy jobs, it was tabulated whether it was in a public or private one and the Spanish province where it is located (or a foreign country).

Results In 43 years (1979–2022), 80 professionals (54 women, 67.5%) have started their residency in our department. The distribution by five years of the proportion of women is presented in table 1.

Abstract 6ER-006 Table 1

	1979–1983	1984–1988	1989–1992	1993–1998	1999–2003	2004–2008	2009–2013	2014–2018	2019–2022
Males	2	6	5	1	0	3	3	2	4
Women	4	4	5	5	8	7	9	8	4
Proportion of women	4/6	4/10	5/10	5/6	8/8	7/10	9/12	8/10	4/8

Nowadays, 61, 8, and 2 specialists are active, retired and have passed away, respectively. 8 residents are being trained.

Among the 61 active specialists, 5 work in administration, 4 in primary care, 3 in community pharmacy, 1 in another specialty, 1 is unemployed and 47 work in a hospital pharmacy (5 in private hospitals).

Among the 61 active specialists, 12 have been heads of pharmacy services.

Among the 47 specialists working in hospitals, 20 do so in our hospital, 16 in other Andalusian hospitals, and 11 in other communities.

Conclusion and Relevance Our hospital has contributed to the Hospital Pharmacy speciality by training eighty specialists. Mostly women working overwhelmingly in public hospitals. The development of the hospital pharmacy profession in Spain and specifically in our centre has allowed many specialists to work in the same hospital they were trained.

The fact that several of our colleagues have been heads of a pharmacy department may indicate a special motivation imparted towards managerial skills.