MPharm 4 Questionnaire

Start of Block: Default Question Block

MPharm 4 Prescribing Questionnaire Thank you for taking the time to complete this survey. Your responses will help shape the future training of pharmacists, both within the university and during the foundation training year. By completing this form, you consent to your information being used for evaluation, presentation, and publication. All responses on this form are completely anonymous. All information provided on this form will only be accessed by people involved in this study and will be treated as completely confidential. It is expected that this form should take approximately 10-15 minutes to complete.

End of Block: Default Question Block

Start of Block: Block 1

Please state which of the following you are completing/ have completed in MPharm 4 (tick all that apply):

- ☐ Research Project (1)
- ☐ Simulation (2)
- ☐ Placement (3)

End of Block: Block 1

Start of Block: Block 2

Perceptions on MPharm Please state your level of agreement to the following statements (strongly disagree to strongly agree):

	Strongly DIsagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
The MPharm degree has adequately prepared me to become a prescribing pharmacist (1)	○	○	○	○	○
The MPharm degree has taught me how to prescribe ethically, safely, and effectively (2)	○	○	○	○	○
My MPharm training has prepared me to take responsibility for my prescribing decisions while working within a healthcare team (3)	○	○	○	○	○

End of Block: Block 2

Start of Block: Block 3

Skills Development Please state your level of agreement to the following statements (strongly disagree to strongly agree):

	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
The MPharm degree has enhanced my communication skills with patients and other healthcare professionals about prescribing decisions. *(1)*	○	○	○	○	○
The MPharm degree has improved my clinical decision-making skills in relation to prescribing. *(2)*	○	○	○	○	○

End of Block: Block 3

Start of Block: Block 4

Perceptions on Prescribing Please state your level of agreement to the following statements (strongly disagree to strongly agree):

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
I feel excited to become a pharmacist prescriber. (2)	○	○	○	○	○
Being a prescriber will enhance my professional identity as a pharmacist (6)	○	○	○	○	○
I am concerned that prescribing may take too much time away from my other responsibilities as a pharmacist (4)	○	○	○	○	○
I feel anxious about the responsibility of prescribing for patients. *If you agree, please provide an explanation why (optional)* (5)	○	○	○	○	○

End of Block: Block 4

Start of Block: Block 8

For the following statements, please rate your level of confidence, with 1 being 'not confident at all' and 5 being 'completely confident'

	1 (Not Confident At All) (1)	2 (2)	3 (3)	4 (4)	5 (Completely Confident) (5)
Taking and documenting a medical history (including medication history, allergies, and intolerances) (11)	○	○	○	○	○
Performing physical examinations to decide an appropriate course of action for a patient (13)	○	○	○	○	○
Using evidence-based and up-to-date resources (e.g., National and local guidelines and other resources) to support my prescribing decisions (15)	○	○	○	○	○
Involving patients in shared decision-making about their treatment and prescriptions (16)	○	○	○	○	○

Developing an effective monitoring plan for patients after prescribing a medication (18)	○	○	○	○	○

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For the following statements, please rate your level of confidence, with 1 being 'not confident at all' and 5 being 'completely confident'

	1 (Not Confident At All) (1)	2 (2)	3 (3)	4 (4)	5 (Completely Confident) (5)
Provide safety-netting advice to patients on what to do if their condition worsens or if side effects develop (9)	○	○	○	○	○
Identifying and addressing patient adherence issues related to the prescribed medications (10)	○	○	○	○	○
Collaborating with other healthcare professionals to develop a comprehensive treatment plan for patients (12)	○	○	○	○	○
Documenting my prescribing decisions in patient records (14)	○	○	○	○	○
Considering how different patient factors (eg liver impairment, renal impairment or pregnancy) may affect prescribing decisions (17)	○	○	○	○	○

End of Block: Block 8

Start of Block: Block 9

For the following questions, please answer to the best of your ability.

End of Block: Block 9

Start of Block: Block 10

Reflecting on your MPharm Degree, what has prepared you the **most** for independent prescribing?

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_____

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Page Break

What concerns, if any, do you have about becoming a prescriber? *(optional)*

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During your foundation year, what support or further training would you need to develop your prescribing skills?

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What improvements would you like to see in future MPharm in relation to prescribing?

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What kind of methods would you find most helpful in tracking your progress as a prescriber during your foundation year? (tick all that apply)

- [ ] Oral Case Presentation (1)
- [ ] Patient Case Discussions (2)
- [ ] OSCEs (3)
- [ ] Reflective Portfoilios (4)
- [ ] Written Exams with MCQs (5)
- [ ] Observations with prescribing Supervisiors (6)
- [ ] Other (please specify) (7) _____

End of Block: Block 10

Start of Block: Block 11

The following questions are demographic-based. By asking these, we can analyse the data more comprehensively. Please begin below if you consent to participate.

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If The following questions are demographic-based. By asking these, we can analyse the data more comp... = No

Page Break

How old are you?

- ○ 18 - 20 (4)
- ○ 21 - 25 (6)
- ○ 26 - 30 (7)
- ○ 31 - 35 (8)
- ○ > 35 *(please specify your age below)* (5)

_____

Page Break

What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary (3)
- ○ Other (please specify) (4) _____
- ○ Prefer not to say (5)

Page Break

How would you describe your ethnicity?

- ○ White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy, Irish traveller, Roma or Any other White background) (1)
- ○ Black/African/Caribbean/Black British (or any other Black, Black British or Caribbean background) (2)
- ○ Asian or British Asian (Indian, Pakistani, Bangladeshi, Chinese or Any other Asian background) (3)
- ○ Mixed/ Multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian or Any other Mixed or multiple ethnic background) (4)
- ○ Other ethnic group (Arab or Any other ethnic group) (7)
- ○ Other (please specify) (5) _____
- ○ Prefer not to say (6)

Page Break

Did you complete any other degrees or certifications before starting the MPharm degree?

- ○ Yes (please specify): (1) _____
- ○ No (2)

Page Break

What area of pharmacy are you most interested in pursuing after graduation?

- [ ] Community (1)
- [ ] Hospital (2)
- [ ] GP (3)
- [ ] Industry (4)
- [ ] Academia (5)
- [ ] Other (please specify): (6) _____
- [ ] Do Not want to continue pharmacy (please specify why): (7) _____
- [ ] Undecided (8)

End of Block: Block 11