

Applying competency-based teaching and assessments with a focus on pharmacy education.

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Applying competency-based teaching and assessments with a focus on pharmacy education

Dr Antonella Tonna

Senior Lecturer

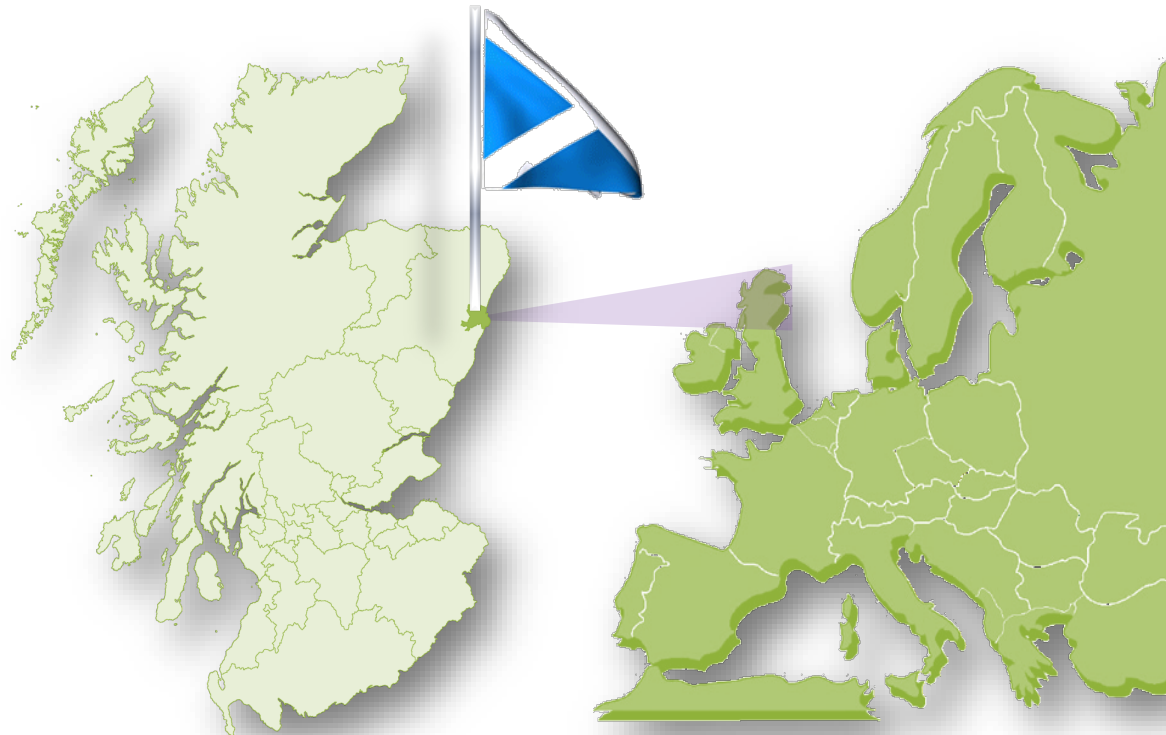
School of Pharmacy and Life Sciences,

Robert Gordon University, Aberdeen, Scotland, UK



**ROBERT GORDON
UNIVERSITY ABERDEEN**

Thank you for inviting me to present at the
1st ICAHS 2023



From this



To this ...



Aberdeen in the sunshine





Aberdeen in winter





Our Campus



WHAT TIME IS IT?



Session outline

- An introduction to competency-based learning (CBE) and assessment
- An understanding of why there has been a shift to CBE
- Models of competency assessment that may be used
- Examples of competency frameworks as part of the pharmacy undergraduate and postgraduate curricula
- Discussion – learning from each other's experiences



Let's start with some thoughts and opinions



CBE is a way for students to acquire skills required for their future profession

Only CBE should be included in future healthcare professional curricula

It is not possible to robustly assess competency based learning

What is competency?

Knowledge, behaviours, attitudes and skills that lead to the ability to do something successfully or efficiently.



What is competency-based education (CBE)?



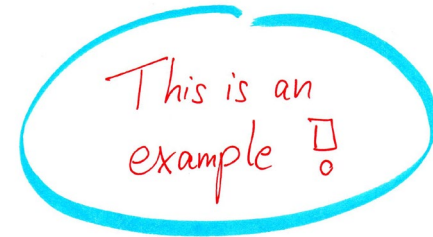
It is based on students achieving competencies – skills, attitudes, behaviours and knowledge that are set prior. Individuals move on to apply their knowledge to performance.



Students have clear **outcomes** they need to achieve – some students may achieve this before others; there is greater **focus on the learner**



The learner needs to be involved in their own education and embrace their own development



Example of UG competency:

Safety netting is effectively provided to patient as part of counselling process of dispensing



Why has there been a shift towards CBE and assessment in healthcare?

To ensure healthcare professionals' education

- Meets the needs of society: patients living longer with more complex treatment needing collaboration, communication, patient education, person centred
- Meets the evolution in practice – for example embedding pharmacist prescribing





A drive to develop a Global Competency Framework for the Pharmacy Profession

- FIP embarked on the task to develop a competency framework to support the educational development of pharmacy practitioners worldwide
- It aims to combine the underlying scientific principles with practice supporting the development of highly competent pharmacists
- Overarching aim is to ensure the current and future needs of the society and workforce are met around the world
- This framework is based mainly on pharmacy education in Western countries.



Population Focus Patient Focus

System Focus

GLOBAL COMPETENCY FRAMEWORK | VERSION 1 | ABRIDGED

1. Pharmaceutical Public Health Competencies	
Competencies	Behaviours
1.1 Health promotion	1.1.1 Assess the primary healthcare needs (taking into account the cultural and social setting of the patient) 1.1.2 Advise on health promotion, disease prevention and control, and healthy lifestyle
1.2 Medicines information and advice	1.2.1 Counsel population on the safe and rational use of medicines and devices (including the selection, use, contraindications, storage, and side effects of non-prescription and prescription medicines) 1.2.2 Identify sources, retrieve, evaluate, organise, assess and disseminate relevant medicines information according to the needs of patients and clients and provide appropriate information
2. Pharmaceutical Care Competencies	
Competencies	Behaviours
2.1 Assessment of medicines	2.1.1 Appropriately select medicines (e.g. according to the patient, hospital, government policy, etc) 2.1.2 Identify, prioritise and act upon medicine-medicine interactions, medicine-disease interactions, medicine-patient interactions, medicines-food interactions
2.2 Compounding medicines	2.2.1 Prepare pharmaceutical medicines (e.g. extemporaneous, cytotoxic medicines), determine the requirements for preparation (calculations, appropriate formulation, procedures, raw materials, equipment etc) 2.2.2 Compound under the good manufacturing practice for pharmaceutical (GMP) medicines
2.3 Dispensing	2.3.1 Accurately dispense medicines for prescribed and/or minor ailments and monitor the dispense (re-checking the medicines) 2.3.2 Accurately report defective or substandard medicines to the appropriate authorities 2.3.3 Appropriately validate prescriptions, ensuring that prescriptions are correctly interpreted and legal 2.3.4 Dispense devices (e.g. Inhaler or a blood glucose meter) 2.3.5 Document and act upon dispensing errors 2.3.6 Implement and maintain a dispensing error reporting system and a 'near misses' reporting system

2.3.7 Label the medicines (with the required and appropriate information)	
2.3.8 Learn from and act upon previous 'near misses' and 'dispensing errors'	
2.4 Medicines	2.4.1 Advise patients on proper storage conditions of the medicines and ensure that medicines are stored appropriately (e.g. humidity, temperature, expiry date, etc.) 2.4.2 Appropriately select medicines formulation and concentration for minor ailments (e.g. diarrhoea, constipation, cough, hay fever, insect bites, etc.) 2.4.3 Ensure appropriate medicines, route, time, dose, documentation, action, form and response for individual patients 2.4.4 Package medicines to optimise safety (ensuring appropriate re-packaging and labelling of the medicines)
2.5 Monitor medicines therapy	2.5.1 Apply guidelines, medicines formulary system, protocols and treatment pathways 2.5.2 Ensure therapeutic medicines monitoring, impact and outcomes (including objective and subjective measures) 2.5.3 Identify, prioritise and resolve medicines management problems (including errors)
2.6 Patient consultation and diagnosis	2.6.1 Apply first aid and act upon arranging follow-up care 2.6.2 Appropriately refer 2.6.3 Assess and diagnose based on objective and subjective measures 2.6.4 Discuss and agree with the patients the appropriate use of medicines, taking into account patients' preferences 2.6.5 Document any intervention (e.g. document allergies, medicines and food, in patient medicines history) 2.6.6 Obtain, reconcile, review, maintain and update relevant patient medication and diseases history
3. Organisation and Management Competencies	
Competencies	Behaviours
3.1 Budget and reimbursement	3.1.1 Acknowledge the organisational structure 3.1.2 Effectively set and apply budgets 3.1.3 Ensure appropriate claim for the reimbursement 3.1.4 Ensure financial transparency 3.1.5 Ensure proper reference sources for service reimbursement

Practice Focus

3.2 Human Resources management	3.2.1 Demonstrate organisational and management skills (e.g. know, understand and lead on medicines management; risk management; self management; time management; people management; project management; policy management.)
	3.2.2 Identity and manage human resources and staffing issues
	3.2.3 Participate, collaborate, advise in therapeutic decision-making and use appropriate referral in a multi-disciplinary team
	3.2.4 Recognise and manage the potential of each member of the staff and utilise systems for performance management (e.g. carry out staff appraisals)
	3.2.5 Recognise the value of the pharmacy team and of a multidisciplinary team
	3.2.6 Support and facilitate staff training and continuing professional development
3.3 Improvement of service	3.3.1 Identify and implement new services (according to local needs)
	3.3.2 Resolve, follow up and prevent medicines related problems
3.4 Procurement	3.4.1 Access reliable information and ensure the most cost-effective medicines in the right quantities with the appropriate quality
	3.4.2 Develop and implement contingency plan for shortages
	3.4.3 Efficiently link procurement to formulary, to push/pull system (supply chain management) and payment mechanisms
	3.4.4 Ensure there is no conflict of interest
	3.4.5 Select reliable supplies of high-quality products (including appropriate selection process, cost effectiveness, timely delivery)
	3.4.6 Supervise procurement activities
	3.4.7 Understand the tendering methods and evaluation of tender bids
3.5 Supply chain and management	3.5.1 Demonstrate knowledge in store medicines to minimise errors and maximise accuracy
	3.5.2 Ensure accurate verification of rolling stocks
	3.5.3 Ensure effective stock management and running of service with the dispensary
	3.5.4 Ensure logistics of delivery and storage
	3.5.5 Implement a system for documentation and record keeping
	3.5.6 Take responsibility for quantification of forecasting
3.6 Work place management	3.6.1 Address and manage day to day management issues
	3.6.2 Demonstrate the ability to take accurate and timely decisions and make appropriate judgments

4. Professional/Personal Competencies	3.6.3 Ensure the production schedules are appropriately planned and managed)
	3.6.4 Ensure the work time is appropriately planned and managed
	3.6.5 Improve and manage the provision of pharmaceutical services
	3.6.6 Recognise and manage pharmacy resources (e.g. financial, infrastructure)
4.1 Communication skills	4.1.1 Communicate clearly, precisely and appropriately while being a mentor or tutor
	4.1.2 Communicate effectively with health and social care staff, support staff, patients, carer, family relatives and clients/customers, using lay terms and checking understanding
	4.1.3 Demonstrate cultural awareness and sensitivity
	4.1.4 Tailor communications to patient needs
	4.1.5 Use appropriate communication skills to build, report and engage with patients, health and social care staff and voluntary services (e.g. verbal and non-verbal)
4.2 Continuing Professional Development (CPD)	4.2.1 Document CPD activities
	4.2.2 Engage with students/interns/residents
	4.2.3 Evaluate currency of knowledge and skills
	4.2.4 Evaluate learning
	4.2.5 Identify if expertise needed outside the scope of knowledge
	4.2.6 Identify learning needs
	4.2.7 Recognise own limitations and act upon them
	4.2.8 Reflect on performance
4.3 Legal and regulatory practice	4.3.1 Apply and understand regulatory affairs and the key aspects of pharmaceutical registration and legislation
	4.3.2 Apply knowledge in relation to the principals of business economics and intellectual property rights including the basics of patent interpretation
	4.3.3 Be aware of and identify the new medicines coming to the market
	4.3.4 Comply with legislation for drugs with the potential for abuse
	4.3.5 Demonstrate knowledge in marketing and sales
	4.3.6 Engage with health and medicines policies



	4.3.7 Understand the steps needed to bring a medicinal product to the market including the safety, quality, efficacy and pharmacoeconomic assessments of the product
4.4 Professional and ethical practice	<div>4.4.1 Demonstrate awareness of local/national codes of ethics</div> <div>4.4.2 Ensure confidentiality (with the patient and other healthcare professionals)</div> <div>4.4.3 Obtain patient consent (it can be implicit on occasion)</div> <div>4.4.4 Recognise own professional limitations</div> <div>4.4.5 Take responsibility for own action and for patient care</div>
4.5 Quality Assurance and Research in the work place	<div>4.5.1 Apply research findings and understand the benefit risk (e.g. pre-clinical, clinical trials, experimental clinical-pharmacological research and risk management)</div> <div>4.5.2 Audit quality of service (ensure that they meet local and national standards and specifications)</div> <div>4.5.3 Develop and implement Standing Operating Procedures (SOP's)</div> <div>4.5.4 Ensure appropriate quality control tests are performed and managed appropriately</div> <div>4.5.5 Ensures medicines are not counterfeit and quality standards</div> <div>4.5.6 Identify and evaluate evidence-base to improve the use of medicines and services</div> <div>4.5.7 Identify, investigate, conduct, supervise and support research at the workplace (enquiry-driven practice)</div> <div>4.5.8 Implement, conduct and maintain a reporting system of pharmacovigilance (e.g. report Adverse Drug Reactions)</div> <div>4.5.9 Initiate and implement audit and research activities</div>
4.6 Self-management	<div>4.6.1 Apply assertiveness skills (inspire confidence)</div> <div>4.6.2 Demonstrate leadership and practice management skills, initiative and efficiency</div> <div>4.6.3 Document risk management (e.g. critical incidents)</div> <div>4.6.4 Ensure punctuality</div> <div>4.6.5 Prioritise work and implement innovative ideas</div>

Of particular relevance to this region



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Currents
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Review

Competency-based pharmacy education in the Eastern Mediterranean Region—A scoping review

Dalia Bajis, BPharm (Hons)^{a,b,*}, Betty Chaar, BPharm, MHL, PhD^{a,b},
Jonathan Penm, BPharm (Hons), PhD^{b,c}, Rebekah Moles, BPharm, Dip Hosp Pharm,
Grad Cert Ed Studies, PhD^{a,b}

^a Faculty of Pharmacy, The University of Sydney, New South Wales, Australia

^b World Hospital Pharmacy Research Consortium (WHOPreC)

^c James L. Winkle College of Pharmacy, University of Cincinnati, Cincinnati, OH, US

Abstract

Background: The International Pharmaceutical Federation (FIP) Global Competency Framework (GbCF) was developed as a mapping tool to provide guidance for foundation level pharmacy practice and professional development. The Eastern Mediterranean Region (EMR) with a deep rooted pharmacy history is yet to adopt an explicit competency framework.

Objective: To review the literature for evidence of competency-based pharmacy education in the EMR, including pharmacists' and pharmacy students' perceptions of knowledge and skills acquired during training at undergraduate, post-graduate, and life-long learning levels.

Methods: Six electronic databases were searched for articles published between 1990 and 2014. Titles and abstracts were screened according to the inclusion criteria. Full articles identified for inclusion were assessed and mapped to a relevant domain of the GbCF.

Results: Totally, 57 studies met the inclusion criteria. The majority of studies portrayed pharmacists' and pharmacy students' opinions regarding educational aspects of their experiences. Participants generally cited the need for more practice-based training, modernization of curriculum, continuing pharmacist education and greater involvement in public health promotion, and research to strengthen professional competency. Interventional studies-enhanced knowledge and skills after training was provided to pharmacists and pharmacy students. No studies pertaining to the organization and management domain of the GbCF were found.

Conclusion: Despite paucity of studies that specifically investigated aspects of competency-based pharmacy education in the EMR, results provided impressions of what participants perceived as beneficial, or lacking in their education to attain certain competencies. Results point toward the need to implement a competency framework specific to the EMR.

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Keywords: Competency-based education; Pharmacy education; Pharmacy training; Eastern Mediterranean Region; Middle East

Introduction

Since the inception of patient-focused pharmacy practice, otherwise known as "pharmaceutical care" by

Hepler and Strand,¹ the momentum for pharmacy re-professionalization has inspired the profession.² Pharmacists are educated and trained to ensure safe, effective, and rational use of medicines, provide patient-oriented health care services, and collaborate with other health care providers to optimize patient health outcomes.³ This translates into a need to reform and advance pharmacy education to reflect changes in standards of practice of the profession.⁴ While schools of pharmacy around the world would be

* Corresponding author: Dalia Bajis, BPharm (Hons), Faculty of Pharmacy, The University of Sydney, Rm N517, level 5, Bank Building (A15), New South Wales 2006, Australia.

E-mail: dalia.bajis@sydney.edu.au

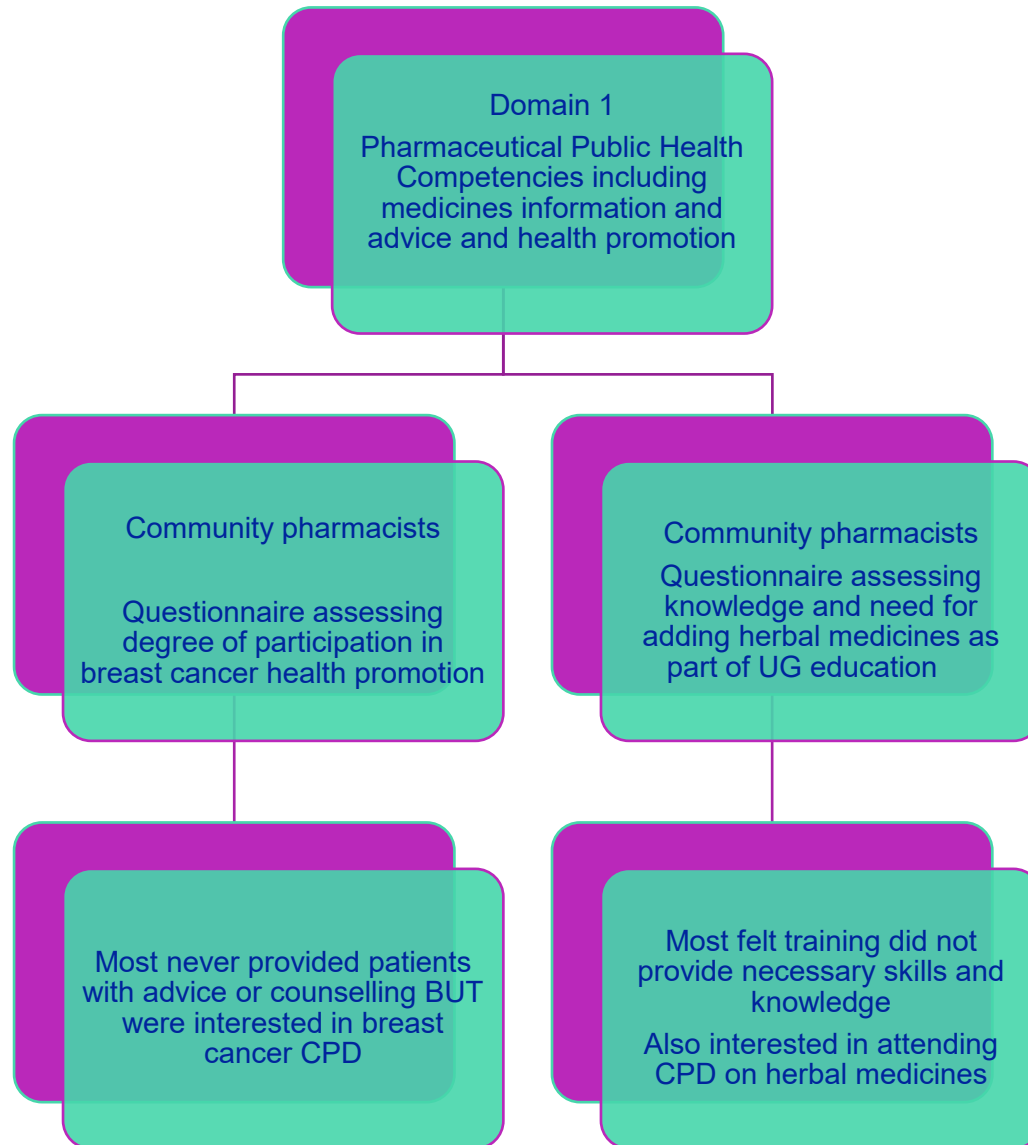
<http://dx.doi.org/10.1016/j.cptl.2016.02.003>

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10 from UAE



Of these 10 studies



Domain 2 Pharmaceutical
care competencies
Assessment, Dispensing,
Counselling etc..

4th year UG students
Knowledge, attitudes and
proficiency in practice of
EBM before and after a PBL
series

Pharmacists
Assessed communication
on dispensing based on
USP Medication
Counselling Behaviour
Guidelines

Community pharmacists
Exploring role of
pharmacists in counselling

Skills and attitudes towards
EBM changed after the PBL
series

However, students
commented on lack of role
models in practice who
implemented EBM

>1% of interactions reached
Stage 4 which includes
aspects such as ensuring
patient understands
instructions given

Mainly agreed that this is a
pharmacist role but many
identified further training
required



In conclusion a requirement for more education and training of current workforce on aspects such as counselling

Pharmacists have the knowledge but there is a need to apply this to performance e.g. lifelong learning, public health promotion

A need to ensure that future pharmacists are “fit for purpose” and are patient focused

Need to shift focus to the ability of pharmacists to use and apply skills to meet demands of population

Can changes in curriculum bridge the gap?

Will give some examples on how we are attempting to implement this in our pharmacy courses

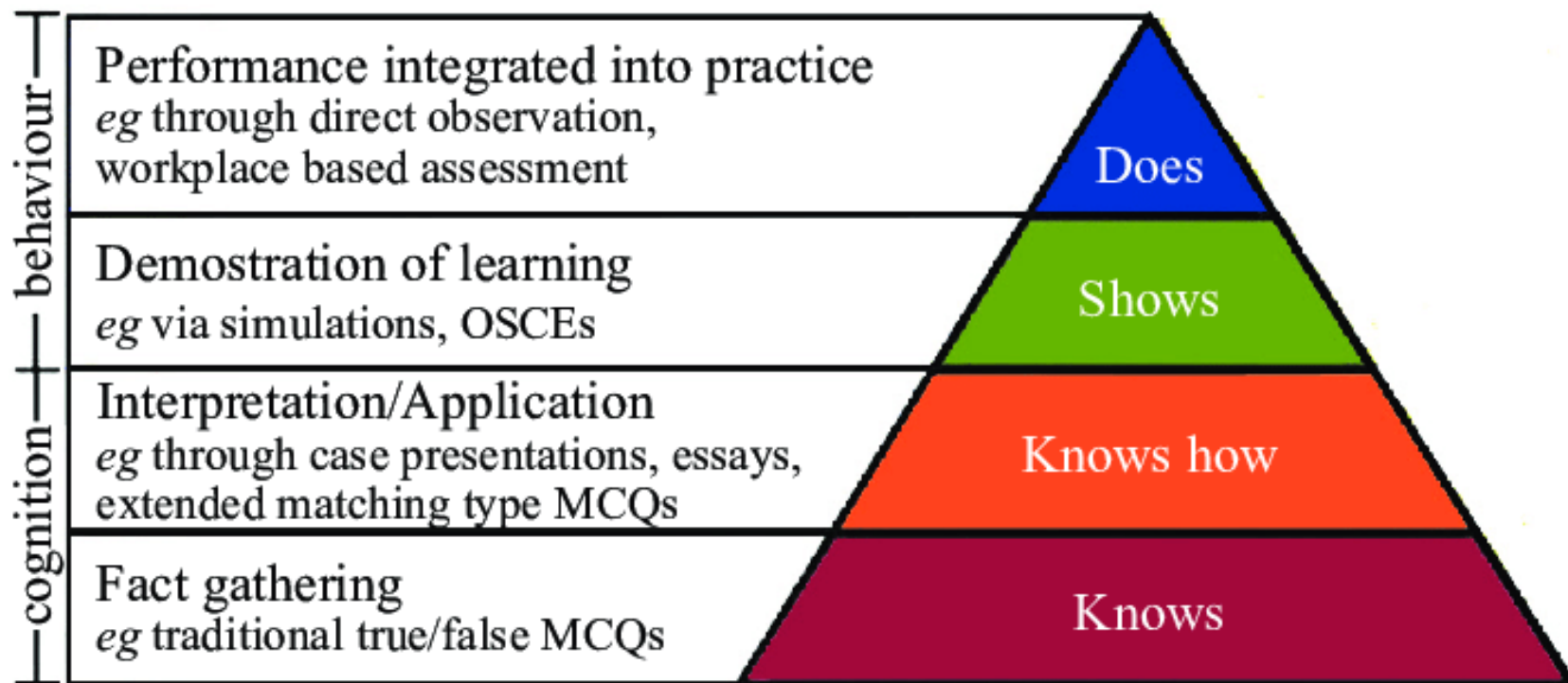
Development of clinical competence

- Number of educational theories that are used to rank clinical competence – from knowledge at lower levels to action with application of knowledge at expert level
- Assessment of practice may take place in a real-world environment or in a simulated environment where the latter is not practical
- Entrustable Professional Activities (EPA) – what the student or pharmacist should be able to do without supervision
- Assessment may be formative – assessment FOR learning; or summative – assessment OF learning

Dreyfus model of skills acquisition

SKILL LEVEL Mental Function	NOVICE	COMPETENT	PROFICIENT	EXPERT	MASTER
Recollection	Non-situational	Situational	Situational	Situational	Situational
Recognition	Decomposed	Decomposed	Holistic	Holistic	Holistic
Decision	Analytical	Analytical	Analytical	Intuitive	Intuitive
Awareness	Monitoring	Monitoring	Monitoring	Monitoring	Absorbed

Individuals progress through various levels of skills acquisition



Adapted from Burns and Mehay (2009) Miller' Prism of clinical competency
 * Multiple choice questions (MCQ)



Review

Implementation of Competency-Based Pharmacy Education (CBPE)

Andries Koster ^{1,*}, Tom Schalekamp ² and Irma Meijerman ³

¹ Department of Pharmaceutical Sciences, Utrecht University, The Netherlands and European Association of Faculties of Pharmacy (EAFP), Utrecht 3508 TB, The Netherlands

² Department of Pharmaceutical Sciences, Utrecht University, Utrecht 3508 TB, The Netherlands; T.Schalekamp@uu.nl

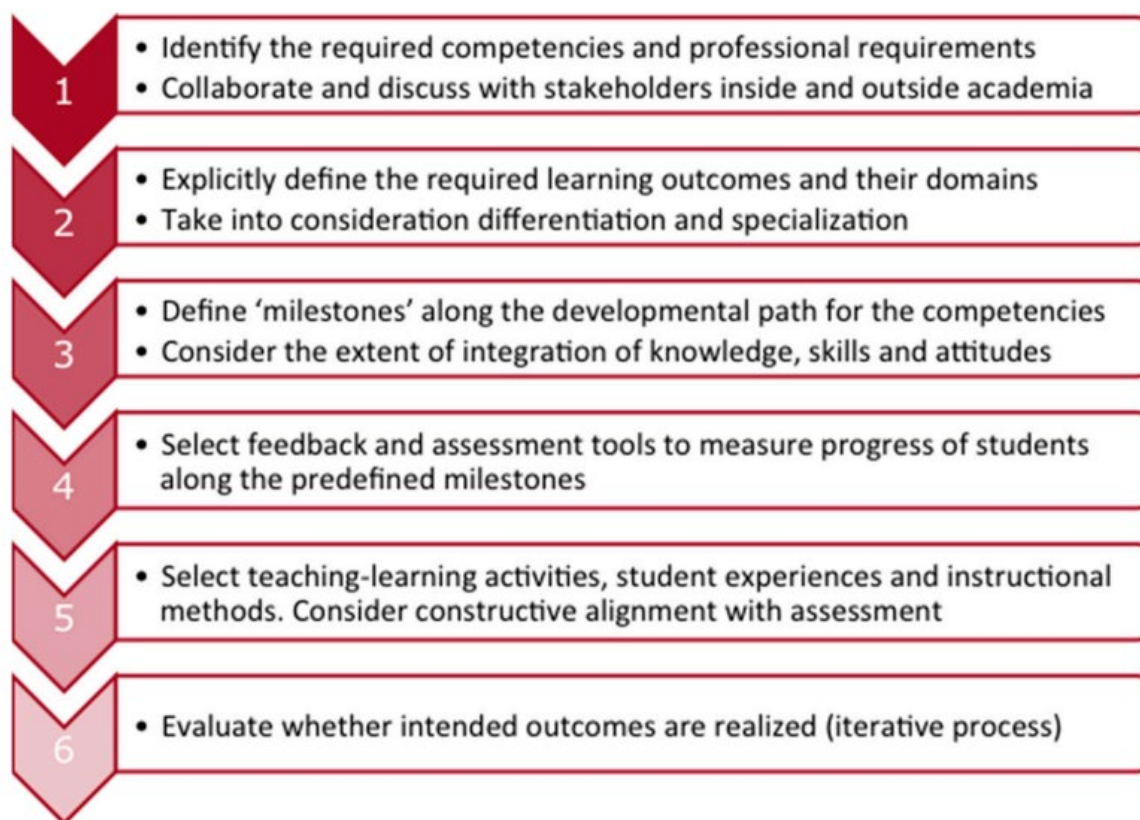
³ Department of Pharmaceutical Sciences, The Netherlands and Centre for Teaching and Learning, Utrecht University, Utrecht 3508 TB, The Netherlands; I.Meijerman@uu.nl

* Correspondence: A.S.Koster@uu.nl; Tel.: +31-30-2537353

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The curriculum design process to embed CBE





**An example of progression
within a competency
framework aimed at setting
standards and outcomes for
the initial education and
training of pharmacists in the
UK – focusing on skills and
attitudes**



General Pharmaceutical Council

Domain

Patient centred care and
collaboration

Outcome

Demonstrate effective
communication at all times
and adapt their approach and
communication style to meet
the needs of the patient

DOES at
undergraduate
level



How can this be embedded into the curriculum?

Taught throughout the four years at
different levels
Vertical application in curriculum

Increased complexity from counselling on
dispensing, provision of lifestyle advice,
taking of medication history, providing
prescribing recommendations

Assessment
Lower stages

Observed assessments in simulated
practice environment with emphasis on
performing repeatedly and reliably

Assessment
Higher stages

OSCEs – also in a simulated
environment

Work place during experiential learning
– observation and feedback in practice



Stage 2 – Assessment of dispensing process

Learning outcome: Effectively communicate with patients, the public and the wider healthcare team

Issuing of the prescribed product to the patient			
Confirms patient's identity correctly matches the prescription form.			
Correctly identifies if the patient has previously used the prescribed product.			
Establishes whether the patient is taking any other medication (prescribed or over the counter).			
Provides correct information on how to use the prescribed product.			
Provides relevant advice appropriate for the patient about the prescribed product.			
Confirms that the patient understands the information and advice given.			



Stage 3 – assessment of response to patient symptom or request for a product

PH3132 – Integrated Pharmacy Practice Resit OSCE 2020-21 Station 1 : Patient Consultation Student

Student name	
Assessor	
Scenario	Indigestion

ASSESSMENT DECISION: **PASS**

For each performance criteria cross (X) whether the criteria were not demonstrated, partially demonstrated or fully demonstrated. Please make a comment on any criteria that was not demonstrated or was only partially demonstrated. Please also record the recommendation made by the student.

Learning Outcome 4: Consult and negotiate effectively to develop patient centred health outcomes.				
Performance Criteria:	Not Demonstrated	Partially Demonstrated	Fully Demonstrated	Comments
1. Greeted patient, introducing self and role.				
2. Demonstrated respect, care and interest to patient.				
3. Identified the patient's problems or the issues that the patient wished to address.				
4. Screened for further problems, if appropriate (e.g. "so that's headaches and tiredness, anything else.....?").				
5. Used language/terminology that was appropriate for the patient.				
6. Described clearly an appropriate course of action they recommended for the patient.				
7. Instructed patient in the safe and effective use of any appropriate medicines/devices recommended.				
8. Safety netted the consultation where required i.e. advised on what to do if symptoms don't improve.				
Recommended Product or Course of Action (including supply route if appropriate e.g. Pharmacy First, OTC sale):				

Stage 4 – assessment of consultation

Learning outcome: Demonstrate attainment of relevant professional interpersonal communication skills

PHM131 OSCE Station 2: Patient Consultation

Student name:	Group:	Colour:	Table:
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Performance criteria met	Fully	Partially	Fail	Assessor & Patient Comments
1. The student structures the consultation To pass this section the student must open, attend to flow and close the consultation within the time limitations of the assessment (10 minutes) Guidance notes: Introduces self, purpose of consultation and confirms patient's identity Structure's information gathering in response to patient's conditions and concerns Encourages patient's contribution and develops rapport, puts patient at ease Develops and summarises a clear plan of action Checks patient's understanding, plans for follow up Manages time effectively Closes the consultation appropriately				
2. The student conducts a patient-centred consultation To pass this section the student must respond to the feelings and behaviour shown by the patient and demonstrate empathy throughout the consultation. Guidance notes: Explores patient understanding of medical conditions Explores patient's understanding of their medicines (what they are for, how they work – as per scenario) Explores patient's expectations and identifies their priorities Explores health related behaviour <ul style="list-style-type: none"> - Adherence - Lifestyle Gives clear explanations in layman terms, avoids jargon Responds to verbal/non-verbal cues Demonstrates empathy				



PHM131 OSCE Station 2: Patient Consultation

	Fully	Partially	Fail	Assessor & Patient Comments
3. The student addresses relevant care issues in appropriate time frame To pass this section the student must confirm allergy status, ask about non-prescribed medicines and address any safety incidents <u>within the consultation</u> .				
Guidance notes: Confirms allergy status Confirms (relevant) medicine history including non-prescribed (OTC & alternative) medicines Addresses patient safety issues within the consultation Assesses effectiveness of medicines e.g., symptoms, considers available monitoring results Assesses tolerability e.g., considers adverse effects Contextualises patient's health (Links health-related behaviour(s) to medical condition(s) and discusses) Discusses clinical priorities Counsels appropriately Refers appropriately e.g. GP, cardiac rehab, dietician				
4. The student conducts a professional consultation Consult with the patient volunteer and take their opinion into account				
Guidance notes: Demonstrates a professional attitude optimising patient care, neither subservient nor arrogant. Verbal communication exhibits appropriate fluency, grammar, vocabulary, tone, volume and modulation of voice, rate of speech and pronunciation. Non-Verbal Communication: Demonstrates active listening, appropriate body positioning and avoids distracting behaviour				



PHM131 OSCE Station 2: Patient Consultation

Grade	Example	Assessment criteria	Overall grade:
9-10/10	Full: 4 Partial: 0 Fail: 0	Conducted an exceptional consultation with all performance criteria met in full across all four categories	/10
7-8/10	Full: 3 Partial: 1 Fail: 0	Conducted an excellent consultation with almost all performance criteria met in full across all four categories	
6/10	Full: 2 Partial: 2 Fail: 0	Conducted a very good consultation with most performance criteria being met across all four categories	
5/10	Full: 1 Partial: 3 Fail: 0	Conducted a good consultation with most performance criteria being met across most categories (a fail in one category only)	
4/10	Full: 0 Partial: 4 Fail: 0	Conducted a satisfactory consultation with performance criteria partially covered across most categories (a fail in one category only)	
0-3/10	Full: 0 Partial: 2 Fail: ≥ 2	Did not cover sufficient performance criteria to be successful (e.g., fail in two or more categories)	
Staff signature:			Date:



**An example of progression
within a competency
framework aimed at setting
standards and outcomes for
the initial education and
training of pharmacists in the
UK – focus on a specific
subject area**



Infection

Can make own prescribing decisions independently

Assessment is by assessing the action when showing ability: OSCE and responding to a case being provided independently, workplace assessment

Maybe in combination with a portfolio

DOES

Incorporation to combine in more complex case-based discussion linking all facts provided to a specific patient – e.g. infection recurring after few weeks with link to resistance

Assessment is by responding to set cases given

SHOWS HOW

Case based discussion with more interpretation of facts e.g. C &S reports, Lab parameters; starts to focus on the application of knowledge

KNOWS HOW

Didactic teaching and self –directed learning to learn facts

Assessment is by recall of facts: MCQs, short/long questions

KNOWS



An example of competency-based
assessment in postgraduate education as
part of the pharmacist independent
prescribing course

Students are assessed on their professional
approach, patient safety, clinical judgement
and a person centred care approach during
a consultation with a simulated patient



General competency of "patient centred consultation" being tailored to the case students are being assessed on

Guidance for assessors

PHM028 Pharmacist independent prescribing C1 OSCE (formative)

Station 2 performance criteria – Patient Mr Ronald Wynne

For each performance criterion tick whether the criterion was fully demonstrated, partially demonstrated, or not demonstrated.
Please make a brief comment on any criterion that was not demonstrated or was only partially demonstrated.

STUDENT NAME:			Blackboard room:		GROUP:
Performance criteria:			Demonstrated?		
			Fully	Partially	Not
Introduction:					
<ul style="list-style-type: none">introduces self and roleconfirms patient's nameconfirms the purpose of the visit; review of hypertensionseen to encourage the patient's contribution					
Patient centred consultation:					
<ul style="list-style-type: none">explores the medical condition with the patient<ul style="list-style-type: none">uncontrolled hypertensionCVD risk appears to be >20%GoutOsteoarthritis					
<ul style="list-style-type: none">explores the patient's health understanding<ul style="list-style-type: none">hypertension; possible consequences including CVD riskpatient unsure about simvastatin effectivenessimpact of lifestyle on BP: weight, diet, alcohol intake, smokinggout: usually well-controlled but experiencing a flare					
<ul style="list-style-type: none">explores and considers the patient's expectations/ health beliefs<ul style="list-style-type: none">patient's mother had stroke in her late sixtiesdoesn't appear to be concerned re weight/ diet/ alcohol intake but noticed weight gain					
<ul style="list-style-type: none">explores patient's health-related behaviour including OTC and other medicine use<ul style="list-style-type: none">alcohol consumption (excess)/ high fat/salt diet – ready mealspatient bought Sudafed®					
Addresses all other issues:					
<ul style="list-style-type: none">demonstrates awareness of other issues out with scope and refers<ul style="list-style-type: none">flare up of gout – refer for treatment, potential to prescribe paracetamol.					



Performance criteria:	Demonstrated?			Comment
	Fully	Partially	Not	
Professional Approach				(Please complete where partially/not demonstrated)
Verbal communication: Exhibits command of expression using appropriate terminology: fluency, grammar, vocabulary, tone, volume and modulation of voice, rate of speech and pronunciation.				
Non-verbal communication: Exhibits finesse and command of non-verbal expression: eye contact, gesture, posture.				
Attitude: Has professional attitude optimising patient care, neither subservient nor arrogant.				
Structure and coherence: Uses structured, logical, coherent approach with clear judgement and organisation, demonstrating both focus and flexibility with respect to context.				

Staff signature:	Date:
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Professional approach 'Not demonstrated' in 2 or more of the performance criteria constitutes a FAIL

What are the challenges that we are now facing?

Student pharmacists currently in Year 1 will be prescribers when they graduate

- How do we ensure they are competent?

Experiential learning is becoming a more prominent feature of pharmacy UG teaching in Scotland

- How do we ensure that workplace-based competency assessments are fit for purpose?
- How do we ensure that workplace-based facilitators and practitioners can carry out these assessments?
- How do we ensure that the students achieve the necessary learning irrespective of their placement sites?



Let's go back to initial thoughts and opinions



CBE is a way for students to acquire skills required for their future profession

Only CBE should be included in future healthcare professional curricula

It is not possible to robustly assess competency based learning



Resources

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