Competency based design of traineeship

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How to avoid headaches?

Traineeship

Recent introduction into Pharmacy curricula for some countries

&

Something to do in the forthcoming years for other.

Recognition of professional qualifications, Directive 2005/36/EC

Recognition of professional qualifications, Directive 2005/36/EC

Evidence of formal qualifications as a pharmacist shall attest to training of at least five years' duration, including at least:

– (a) four years of full-time theoretical and practical training at a university or at a higher institute of a level recognised as equivalent, or under the supervision of a university;

– (b) six-month traineeship in a pharmacy which is open to the public or in a hospital, under the supervision of that hospital's pharmaceutical department.

Slovenian experience

Slovenia => EU 2004, harmonisation of law
Directive 2005

First plan:

- Reformed program start 2008/2009
- 5th year: traineeship and research/thesis

„Uniform bologna program of Pharmacy"

1st 2008/2009	2nd 2009/2010	3rd 2010/2011	4th 2011/2012	5th 2012/2013

Slovenian experience

Let's hurry up:

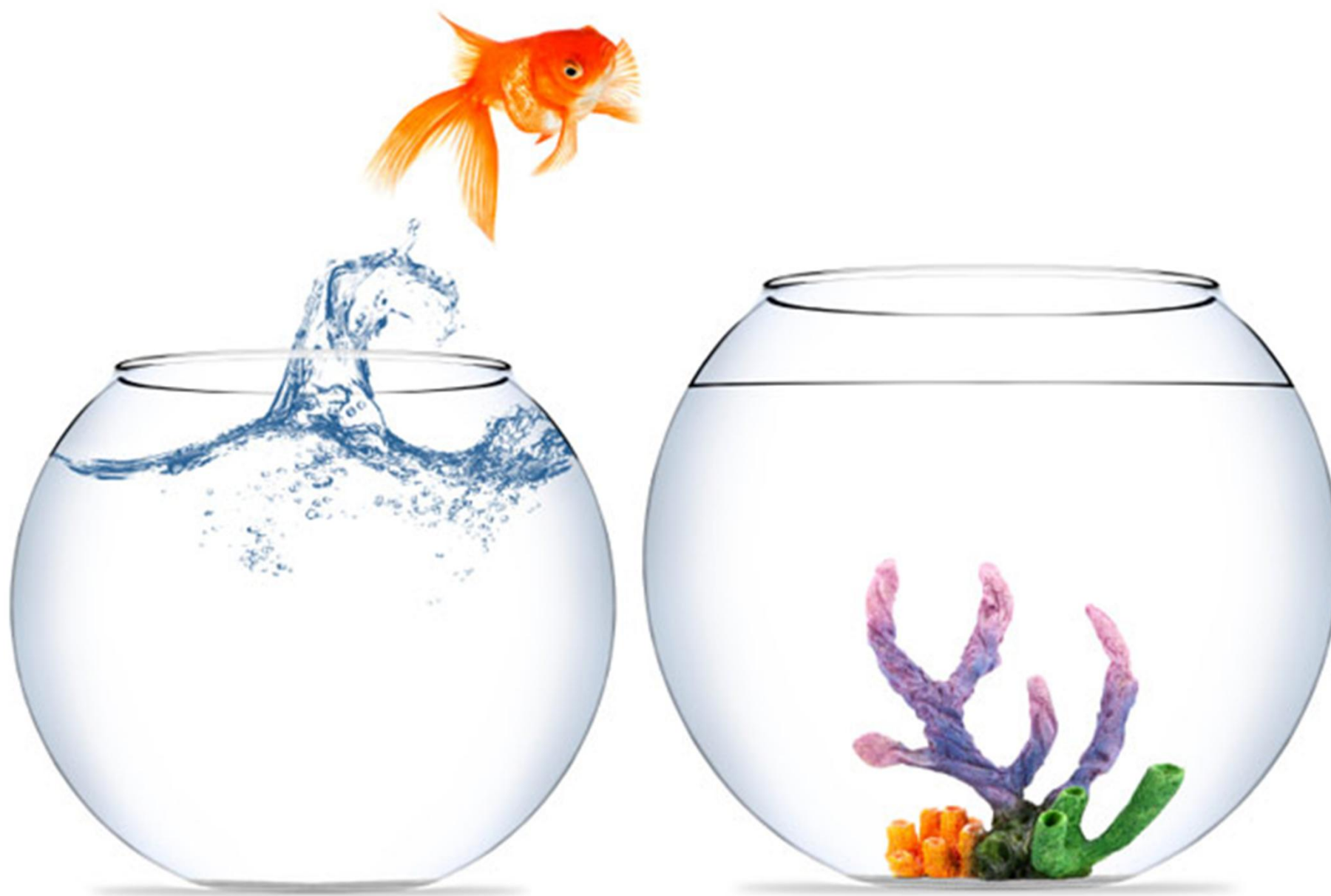existing program of 9 semesters extended with traineeship

„Harmonised university program of Pharmacy"

Actual performance:

- 2008-2009: traineeship in the 5th year
- for students enrolled in 2004/2005 change of the program

1st 2004/2005	2nd 2005/2006	3rd 2006/2007	4th 2007/2008	9th sem.	Trainee ship	Trainee ship
				2008/2009		2009

The „Big" Change

Practice transfer:

- From „postgraduate" (after diploma) to „undergraduate" curricula (masters today)
- Responsibility from Slovene Pharmaceutical Chamber to the Faculty of pharmacy

„Old was better"

- Before change: 6 month in a community or hospital pharmacy
- Years ago: 1 year practice in a community or hospital pharmacy (6 months) as well as: regulatory body for medicines, Intitute of public health, industry…

Challenges

Lead from „academics":

- acceptance from practice? Take over?
- „All is valid is our practical experience"

Financial issues:

- Ministry of health => Ministry of education [...]

Organisational issues:

- Placements organised by the Faculty
    - before: up to recent graduates

Challenges

Student issues:

- Salary => no Salary as part of undergraduate program
- Need to do it although do not see themselves as healthcare workers
- Back home, although they study in Ljubljana (not enough capcity in LJ)
- Overlap of law: education, health and work

Capacity (mentors &sites):

- Old system: ca 50 % of graduates interested in health care where accreditation is required
- New system: all the students need to do it!
- How do you motivate them? Financial incentives? Do they need to do it as part of the public healthcare network? What else?

Challenges

Overlap of Harmonised & Uniform program

				9th sem.	Trainee ship	Trainee ship	Harmonised 9 sem+train.
1st 2007/2008	2nd 2008/2009	3rd 2009/2010	4th 2010/2011	2011/2012		2012	

1st 2008/2009	2nd 2009/2010	3rd 2010/2011	4th 2011/2012	5th 2012/2013	Uniform 5 years with traineeship

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1st 2008/2009	2nd 2009/2010	3rd 2010/2011	4th 2011/2012	5th 2012/2013	Uniform 5 years with traineeship

Other unpredicted headaches

Supposed to be a positive story

Competency framework

Introduction : yes.

Organically conected with traineeship.

What is existing?

Competency framework

Introduction : yes.

Organically conected with traineeship.
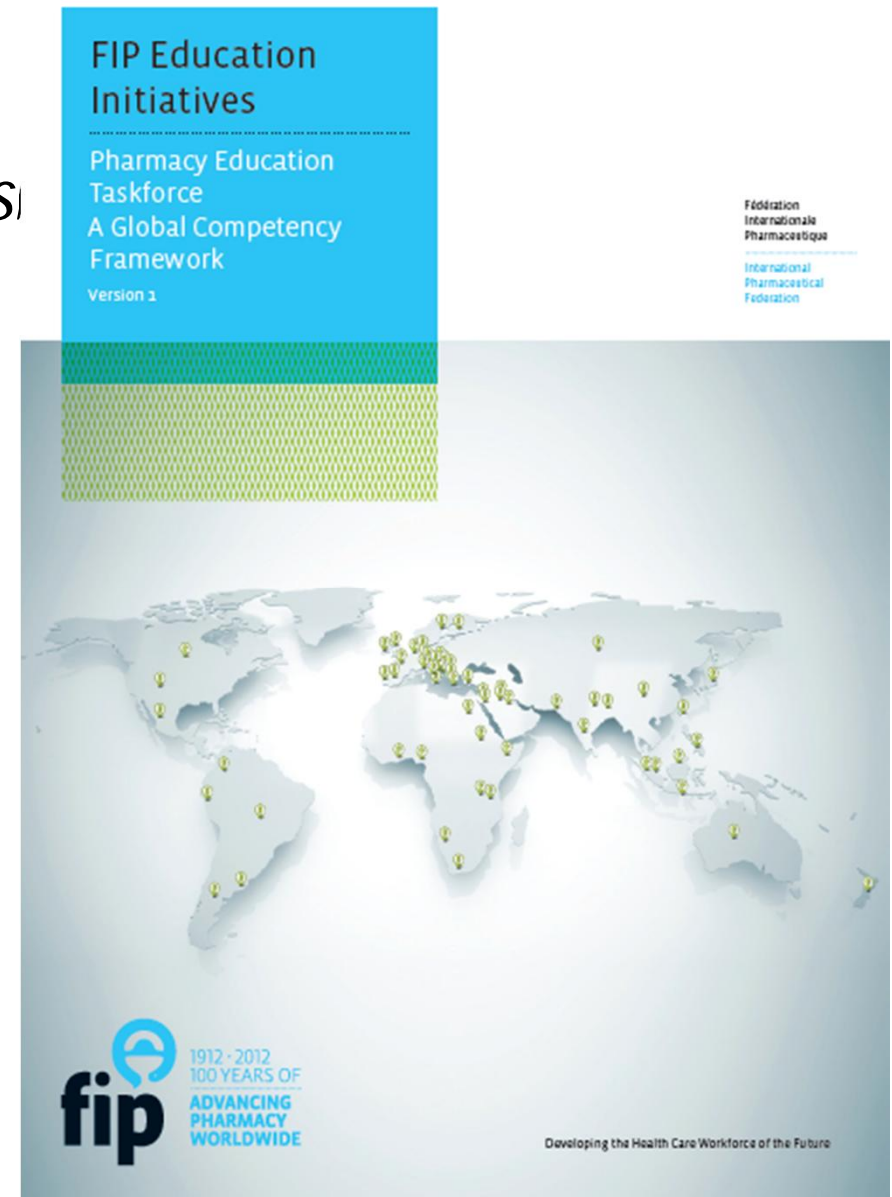
What is existing?

Competency framework

Introduction : yes.
Organically conected with trainees

What is existing?
- – Ian & Graham, UK
- – Australian system
- – Canadian system
- – ...
- – and FIP

FIP Education Initiatives

Pharmacy Education Taskforce
A Global Competency Framework
Version 1

Fédération Internationale Pharmaceutique

International Pharmaceutical Federation

1912 · 2012
100 YEARS OF
ADVANCING PHARMACY WORLDWIDE

fip

Developing the Health Care Workforce of the Future

Logic of the FIP framework as a base

Pharmaceutical Public Health	Pharmaceutical Care
Focus: population	Focus: patient
Focus: system	Focus: practice
Organisation and Management	Professional/Personal

Pharmaceutical Public Health

Competencies:

- Health promotion
- Medicines information and advice

Behaviours e.g. for health promotion:

- Assess the primary healthcare needs (taking the cultural and social setting of the patient)
- Advice on health promotion, disease prevention and control, and healthy lifestyle

Ideally: establish the framework for the whole program.

Our case: what is your garden?

- Care for Traineeship & your other subjects
- with an insight of what is also in the program but *„do not touch"* or *„another reform"*

Competency based design
of traineeship

Does the competency framework offer enough direction for mentors and students? No.

Describe content of the traineeship.
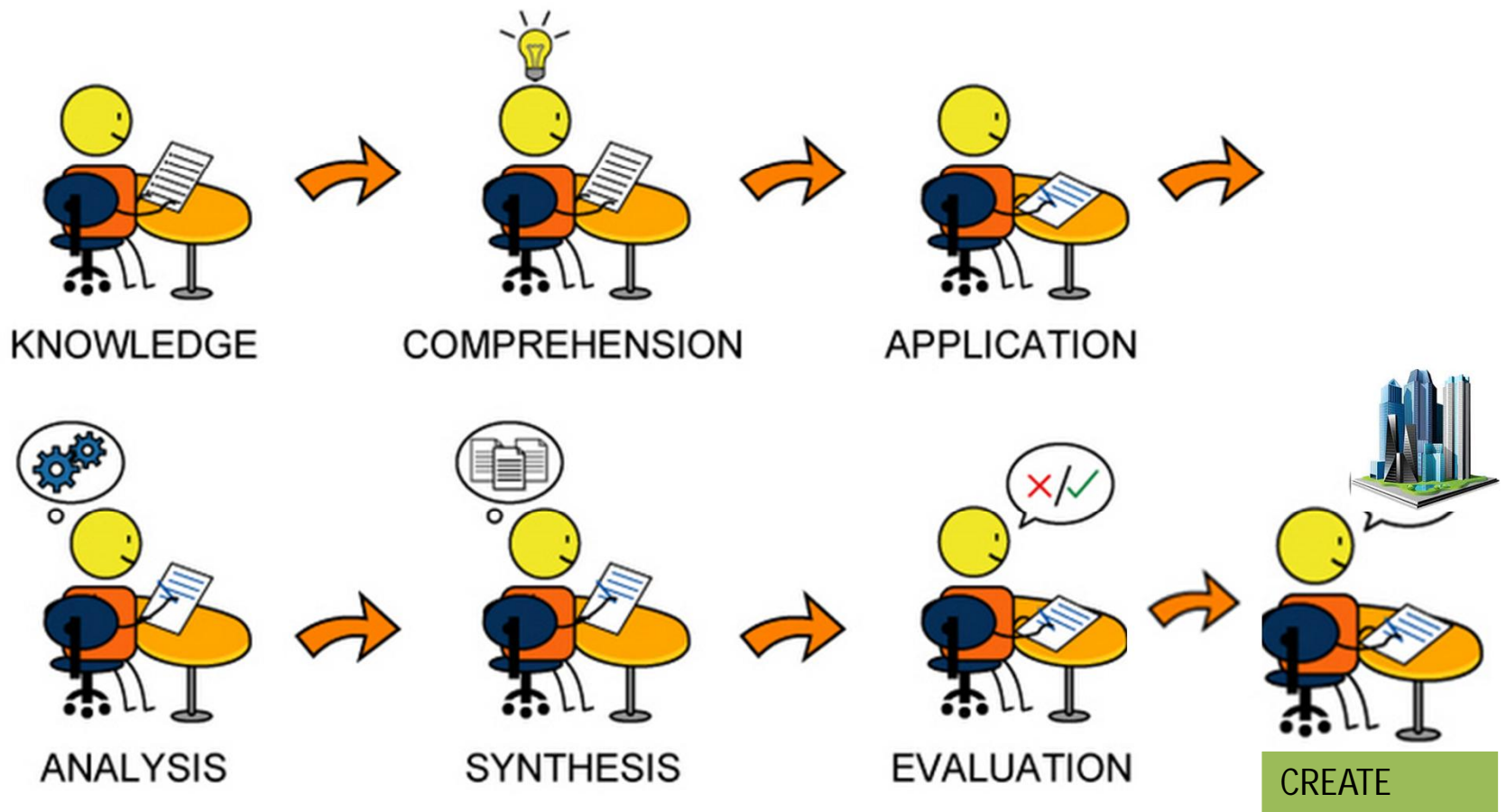Check what mentors and students understood.

Extra element, now?

Learning outcomes

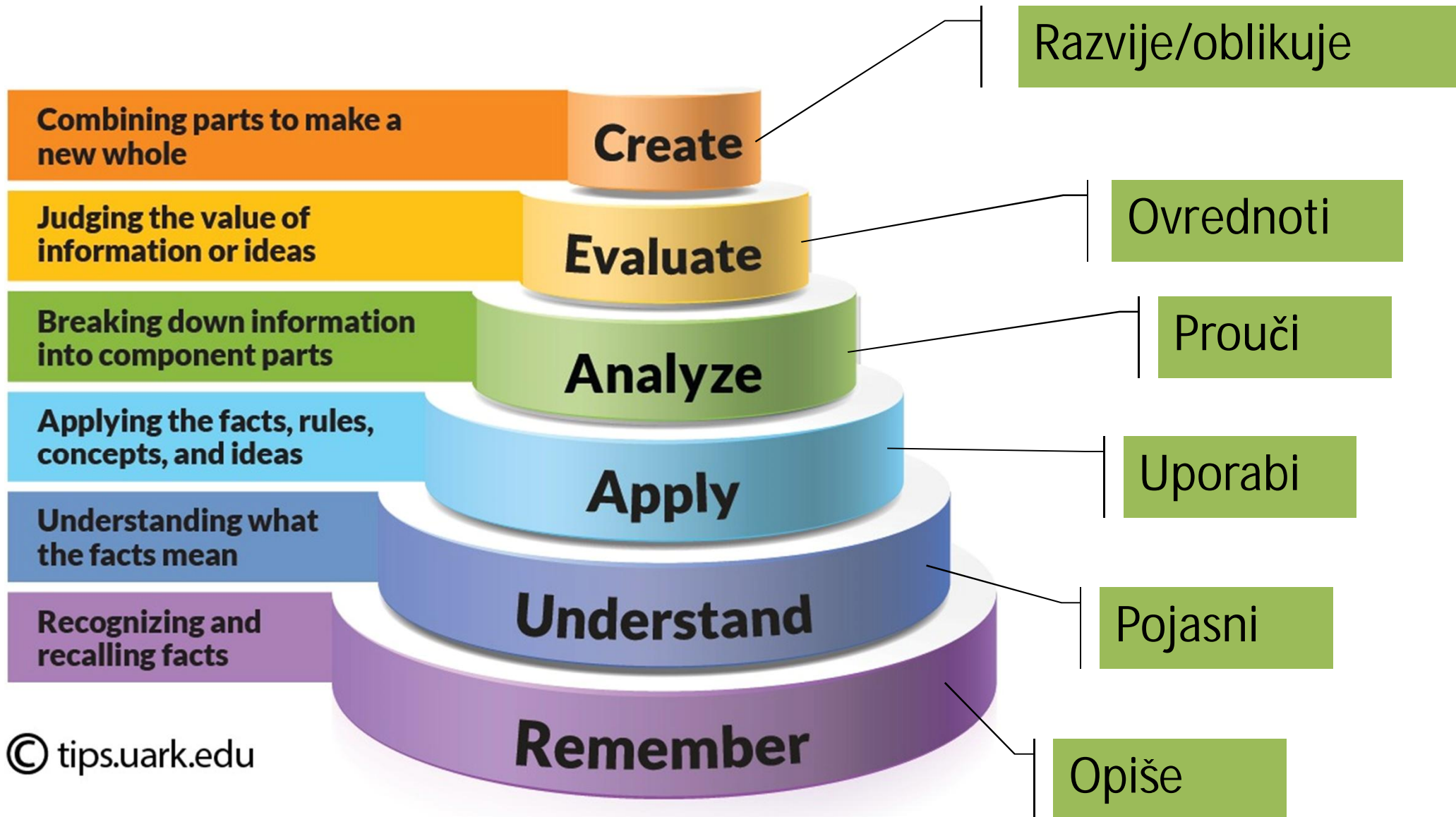Design of activities based on learning outcomes.

Learning outcomes

Bloom's Taxonomy

KNOWLEDGE → COMPREHENSION → APPLICATION

ANALYSIS → SYNTHESIS → EVALUATION → CREATE

Learning outcomes & Bloom

Combining parts to make a new whole — **Create**

Judging the value of information or ideas — **Evaluate**

Breaking down information into component parts — **Analyze**

Applying the facts, rules, concepts, and ideas — **Apply**

Understanding what the facts mean — **Understand**

Recognizing and recalling facts — **Remember**

Razvije/oblikuje

Ovrednoti

Prouči

Uporabi

Pojasni

Opiše

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LO case: Health Promotion

Health promotion

- A - promocija zdravja
  - Definira in opiše temeljne značilnosti ter strateške pristope promocije zdravja. *# Bloom: 1. To remember*
  - Pojasni promocijo zdravja na primerih aktivnosti. *# Bloom: 2. To understand*
  - Izvede aktivnosti promocije zdravja skladno s potrebami ciljnih skupin prebivalcev. *# Bloom: 3. To apply*
  - Prouči javnozdravstvene vidike in potrebe po promociji zdravja. *# Bloom: 4. To analyze*
  - Ovrednoti izvedbo (strukturo, proces, izide) aktivnosti promocije zdravja. *# Bloom: 5. To evaluate*
  - Razvije nove aktivnosti promocije zdravja skladno s potrebami ciljnih skupin prebivalcev. *# Bloom: 6. To create*
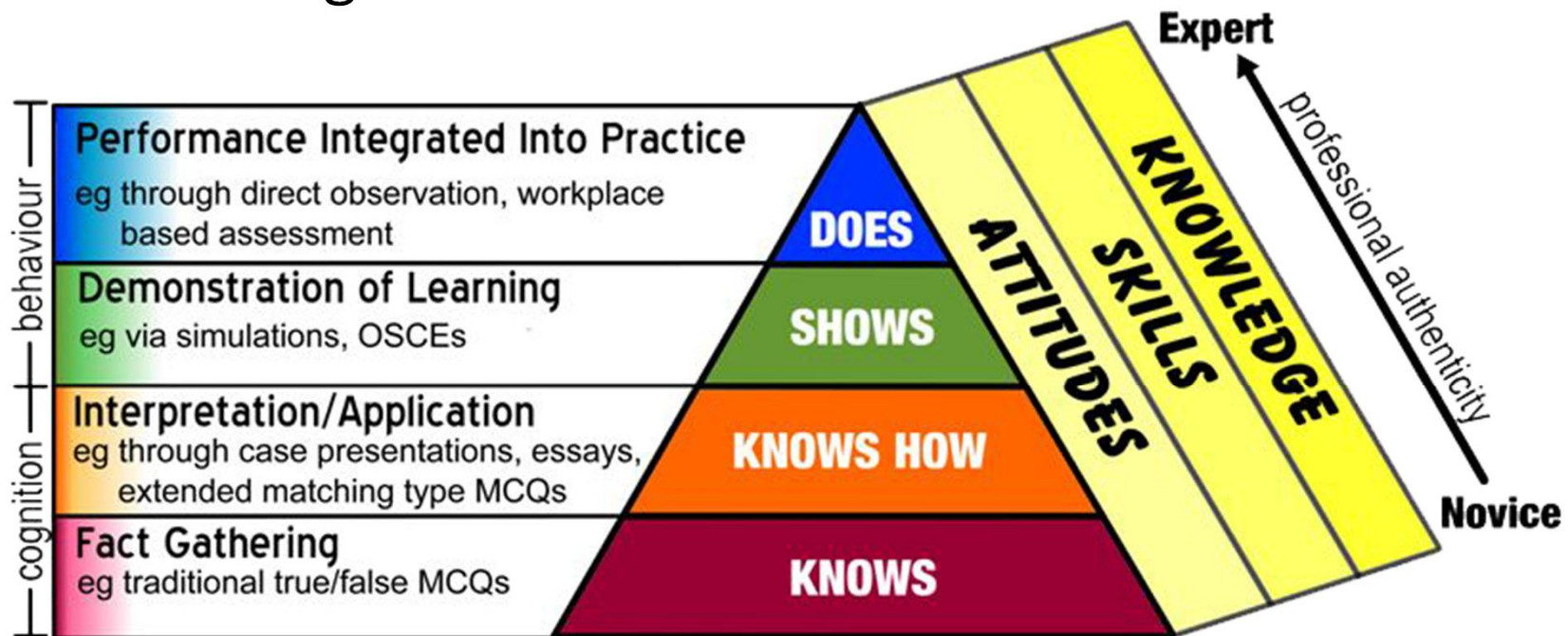
Theme (line)

Bloom's taxonomy

Assessment

Assessment of competencies, not solely knowledge and understanding

Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

Competency framework & LO=> Assessment => Activities!

Assessment

Assessment Mix:

- students self-assessment starting point

CPD logic: goals, gap, plan (talk to do mentor), do....

- mentors in practice (progress & end) and

- faculty staff: pharmacotherapy, communication skills...

Upgradeing:

OSCE or OSPE

Objective Structured Clinical (Practical) Examination

OSCE

Objective:

- All candidates - the „same" stations *(information transfer!)* with the same marking scheme.
- Marks for each step on the mark scheme candidates perform correctly.
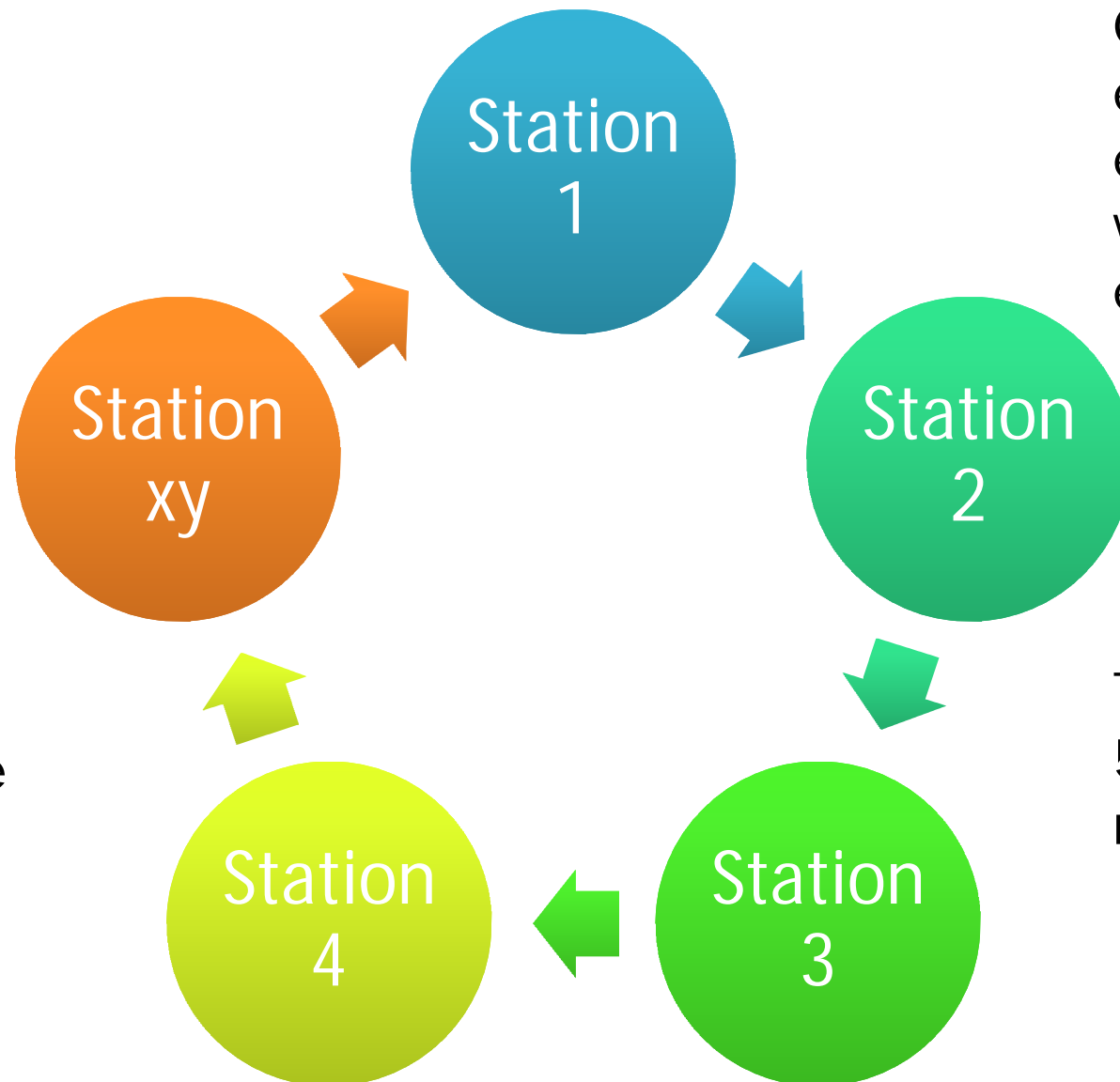
Structured:

- Stations have a very specific task.
- Usually simulated patients, detailed scripts & instructions to ensure specific task is given to the student.
- carefully structured to include relevant parts from the curriculum.

a clinical examination:

- designed to apply clinical and theoretical knowledge.

OSCE Stations

Competent evaluator on each station which has an exact purpose.

Time limited: 5-10 min, rarely longer

Better: more stations.

Feasibility?

Relations with mentors

Workshops for mentors in September

- Majority of mentors of the forthcoming year
- Slovene Ph. Chamber offers additional courses for mentors, apart from the Continuing Education…

E- classroom for mentors:

- Gudelines, documentation, exchange of information etc.

- **Be patient, take the responsibility, do not pressume!** If you provide information, it does not mean that somebody read it, understand it, like it, does it…

Visit their practices.

Get grey hair or loose them.

Mentors are OK!

Their boses are challenging.

New challenges

E.g. Adherence issue & Medication use review

There are no shortcuts in the change of practice.

Education for the future or for the first day routine of current practice.

Pharmine

PHAR-QA Quality Assurance in European Pharmacy Education and Training.

PHAR-QA: Quality Assurance in
European Pharmacy Education and Training

The second European Delphi round on the PHAR-QA competence framework (revised version)

Following the 3 Delphi rounds within the PHAR-QA consortium, the first European Delphi round of the PHAR-QA questionnaire on a competence framework has now been successfully finished.

The interactive version of the second European round of the survey is available at:

https://www.surveymonkey.com/r/pharqa2

We hereby invite you to participate in this survey.