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The role of professional and regulatory organizations in the education of health professionals

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Slide 1

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Is Sandra Vezmar Kovacevic missing here?

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Who are the participants?

- Workshop agenda
 - 14:00 – 14:10
 - Welcome and introduction to the WS agenda (Afonso Cavaco and Dusanka Krajnovic)
 - Round of brief presentation
 - Name, affiliation, experience in pharmaceutical education
 - 14:10 – 14:30
 - Looking into international recommendations of Experiential Education in pharmaceutical sciences – Afonso Cavaco
 - Examples of EE in pharmacy education from Serbia and Portugal – Sandra Vezmar Kovacevic, Afonso Cavaco

WS agenda

- WS agenda (cont.)
 - 14:30 – 15:00
 - Work in small homogeneous groups to discuss
 - (i) Models of EE employed in participants' countries/contexts – SWOT analysis
 - (ii) What could be the possible role or what could enhance the role of professional and regulatory organizations in EE for difference professionals
 - 15:00 - 15:20
 - Brief feedback from each group
 - 15:20 – 15:30
 - General discussion on the above points and conclusions prepared by the moderators.

General frame for pharmacy

- EE definitions – FIP
 - Experiential education, practice experience, practice-based learning, clinical experience, externship, traineeship
 - Supervised structured or semi-structured learning activity that takes place in a practice setting and involves real-life situations and inter-personal interactions, e.g., with patients
 - Promotes competence by teaching students how to integrate and apply knowledge in practice settings, learn from positive role models and experience inter-professional team approaches to the provision of health care services
 - As a result, students demonstrate
 - Increased empathy towards people with illnesses
 - Greater self-confidence and professional identity
 - Effective learning from the knowledge, attitudes, values, behaviors, and judgments of experienced practitioners



General frame for pharmacy

- Examples of EE (USA)
 - American Journal of Pharmaceutical Education 2016; 80 (1): Article 7.
Global Experiential and Didactic Education Opportunities at US Colleges and Schools of Pharmacy

David R. Steeb, PharmD, Robert A. Overman, MPH, PhD Candidate, Betsy L. Sleath, PhD, Pamela U. Joyner, EdD, MS Pharm

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Submitted December 7, 2014; accepted March 9, 2015; published February 25, 2016.

Objective. To assess the characteristics of global experiential and didactic education offerings in the pharmacy curricula.

Methods. A 2-stage web-based review of US colleges and schools of pharmacy identified country locations of international advanced pharmacy practice experiences (APPE), globally focused didactic courses, and whether these offerings were interprofessional. Schools were contacted to confirm their offerings and were asked about student participation and demand.

Results. Sixty-four percent of responding schools confirmed an international APPE offering in 67 different countries with an average graduating class participation of 6.1%. Forty-seven percent of responding schools confirmed a globally focused course offering with an average graduating class participation of 13.1%. Almost two thirds of international APPEs and a majority of courses were designated as interprofessional. Student demand did not outweigh supply for either.

Conclusion. Colleges and schools of pharmacy in the United States are continuing to develop global education opportunities for students in the classroom and throughout the world.

General frame for pharmacy

- Examples of EE relevance in pharmacy
 - Pharmacy 2013; 1: 3-7. (doi:10.3390/pharmacy1010003)

A Description of the European Pharmacy Education and Training Quality Assurance Project

Jeffrey Atkinson^{1,*}, **Bart Rombaut**², **Antonio Sánchez Pozo**³, **Dimitrios Rekkas**⁴, **Peep Veski**⁵, **Jouni Hirvonen**⁶, **Borut Bozic**⁷, **Agnieszka Skowron**⁸ and **Constantin Mircioiu**⁹

The framework will also be of value as a guide when considering experiential learning and continuous professional development—two areas of gathering importance. These two ways of developing competences rely much more on skills acquired during professional practice than on knowledge acquired through academic learning. In such a case, a system defined by competences is more useful than one defined by course content.

General frame for medical education

- EE as part of the academic curriculum – MedEdWorld & AMEE
 - Update On Outcome/Competency-based Medical Education
 - <https://www.amee.org/getattachment/AMEE-Initiatives/MedEdWorld/38074-Outcome-Competency-Med-Ed-WEB.PDF>

General frame for medical education

- Examples of EE integration
 - Medical Teacher 2010; 32: 638–645.

Competency-based medical education: theory to practice

JASON R. FRANK¹, LINDA S. SNELL², OLLE TEN CATE³, ERIC S. HOLMBOE⁴, CAROL CARRACCIO⁵, SUSAN R. SWING⁶, PETER HARRIS⁷, NICHOLAS J. GLASGOW⁸, CRAIG CAMPBELL⁹, DEEPAK DATH¹⁰, RONALD M. HARDEN¹¹, WILLIAM IOBST¹², DONLIN M. LONG¹³, RANI MUNGROO¹⁴, DENYSE L. RICHARDSON¹⁵, JONATHAN SHERBINO¹⁶, IVAN SILVER¹⁷, SARAH TABER¹⁸, MARTIN TALBOT¹⁹ & KENNETH A. HARRIS²⁰

General frame for medical education

- Main principles in medical education
 - Focusing on outcomes
 - In an era of greater public accountability, medical curricula must ensure that all graduates are competent in all essential domains
 - Emphasizing abilities
 - Medical curricula must emphasize the abilities to be acquired
 - De-emphasizing time-based training
 - Medical education can shift from a focus on the time a learner spends on an educational unit to a focus on the learning actually attained
 - Promoting greater learner-centredness
 - Medical education can promote greater learner engagement in training

General frame for nursing education

- EE definitions – WHO

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The WHO European Strategy for Nursing and Midwifery Education included a commitment to provide a series of tools to support those Member States that had requested assistance in implementing the Strategy. This Guidance document represents key elements of that support. Included in the pack (Sections 1–8) are two prototype curricula (one for nursing and one for midwifery); key elements of curriculum design for practice-based professions, including competency-based education and training; teaching, learning and assessment strategies consistent with the principles of adult education; guidance on quality control and educational evaluation; criteria for the preparation of nurse and midwife teachers and mentors; criteria for the accreditation of schools of nursing and/or midwifery; and criteria for national and international accreditation of certificated and experiential learning. Section 9 is a detailed research tool for use by each Member State in assessing its baseline position in relation to the fundamental principles of initial education for nurses and midwives and their subsequent annual progress towards implementation of the strategy. Member States are asked to complete this tool (questionnaire) annually. The results will be analysed and will form part of a longitudinal research study on nursing and midwifery education in Europe over a ten-year period. A list of key references and a glossary are included.

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*Nurses and
Midwives for Health*
*WHO European Strategy for
Nursing and Midwifery
Education*

*Section 1–8
Guidelines for Member States on the
implementation of the strategy*

General frame for nursing education

- Examples of EE importance in nursing
 - Nursing Education Perspectives 2010; 31(2): 106-108.

Integration of Theory and Practice:

Experiential Learning Theory and Nursing Education

SUSAN A. LISKO AND VALERIE O'DELL

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ANY OF TODAY'S NURSING STUDENTS HAVE VARIED LEARNING STYLES, PRESENTING A CHALLENGE

TO FACULTY AS THEY SEEK OUT WAYS TO TEACH STUDENTS TO THINK CRITICALLY. *The*

achievement of critical thinking skills has been identified as a necessary outcome of undergraduate nursing education (National League for Nursing Accrediting Commission, 2004). Various other factors, including limited clinical facilities, the nurse faculty shortage, high patient acuity, decreased acute care admissions, shorter lengths of stay, and the shortage of nurses in clinical facilities add to the challenge. Alternative methods to provide critical thinking experiences must be developed and incorporated into undergraduate nursing education. • Traditional approaches to nursing education, including didactic lectures, memorization, and return laboratory demonstrations, may indicate technical mastery, but do not facilitate the outcome of critical thinking. Rather, nursing students learn best through experiential learning. Kolb's experiential learning theory and model are discussed here as the foundation for a practice integration method designed to provide critical thinking experiences in a baccalaureate nursing curriculum. Scenarios with moderate-fidelity manikins constituted one part of the integration method.

General frame for nursing education

- Examples of EE importance in nursing
 - Nursing Education Today 2008; 28: 427-433.

Experiential learning and its facilitation

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Accepted 31 July 2007

KEYWORDS

Nurse education;
Experiential learning;
Facilitation;
Coaching

Summary An analysis of the concept of experiential learning indicates that it is the product of reflection upon experience, with the nature of the reflection and the quality of the experience, being significant to the overall learning. The outcomes of experiential learning appear to be diverse; ranging from the acquisition of a new skill or personal development through to social consciousness raising. A framework for experiential learning is produced which identifies factors that facilitate learning and those which act as barriers. The relationship between the facilitation of learning and coaching is identified.

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EE & competences in Pt pharmacy

- Competences Framework for pharmacy – Portugal
 - Proposed by the Portuguese Pharmaceutical Society/Chamber
 - Set of knowledge, abilities, attitudes and values that contribute to individuals' professional development
 - Miller's pyramid: knows, knows how, shows, does
 - Community pharmacy, hospital pharmacy, industry, regulatory affairs



**Competências Farmacêuticas e
atribuição de Especialidades**

Modelo de Competências Farmacêuticas

EE & competences in Pt pharmacy

- Professional competences



Competências Farmacêuticas

Farmácia Comunitária

Versão 11 | 2.ii.16

Competência ⁱ	Conteúdos ⁱⁱ O candidato deve demonstrar conhecimento e/ou experiência em/no(a):	Tipo de Competência ⁱⁱⁱ	Aquisição da competência ^{iv}		Avaliação ^v
Preparação de medicamentos manipulados	Boas práticas aplicadas à preparação de medicamentos manipulados, incluindo regras de segurança e minimização dos factores que influenciam possíveis erros. Preparação de Fórmulas Magistrais e Preparados Oficiais, assegurando os padrões de qualidade das matérias-primas, equipamentos e processos. Uso das Farmacopeias e formulários galénicos oficiais e outros.	Nuclear	FT + FP + P	6	AC+E+EE

- Community pharmacy
 - 14 domains e.g. POM medicines dispensing, medicines administration (oral, parenteral forms), pharmaceutical care, etc.
 - » All require theoretical & practical learning
 - » Only 2 **do not** require experiential learning: medicines dispensing in specific conditions (non-nuclear), risk and quality management
 - 8 domains out of 14 require a minimum of 6 months of practice (ideally covered by internship)

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Experiential education of pharmacy students in Serbia

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Pharmacy students in Serbia

- Pharmacy master studies on four public Universities (5 years, 300 ECTS)



Novi Sad – 90 students/year

Belgrade – 275 students/year

Kragujevac – 84 students/year

Nis – 75 students/year



Experiential education

Belgrade	Novi Sad	Nis	Kragujevac
300 school h 10 ECTS	60 school h 2 ECTS	100 school h 15 ECTS	570 school h 71 ECTS
Final year	Final year	Final year	75 sch/9 ECTS - 2 nd year 165 sch/18 ECTS - 3 rd year 150 sch/18 ECTS - 4 th year 180 sch/26 ECTS - 5 th year
Separate course in the formal curriculum			
Academic staff - 2 teachers			
28 - practitioners as supervisors			
14 - clinical sites			

What is the idea?

- To make minimal joint criteria for experiential education of pharmacy students
- Issues:
 - Supervisors – experience, number of students
 - Pharmacies -public/hospital, compounding
 - Traineeship program
 - Prerequisites for students to start the traineeship
 - Follow-up during traineeship
 - Assessment at the end of traineeship
 - ...

Group discussion - SWOT

- SWOT
 - Internal environment
 - Strengths: the qualities, capacities or beneficial aspects that enable to accomplish the organization mission i.e. deliver competence pharmacists
 - Human resources, process capabilities, financial resources, products and services, etc.
 - Weaknesses: qualities that prevent from accomplishing the mission and achieving full potential
 - Staff mobility, complex decision making process, narrow services range, etc.
 - External environment
 - Opportunities: favorable conditions within which the organization operates
 - Government and EU directives, growing technological support, etc.
 - Threats: conditions that jeopardize the reliability of organization, usually uncontrollable
 - Changing technology, increasing competition, etc.

Strengths

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Weaknesses

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- Edit text here

SWOT
Analysis

Opportunities

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- Edit text here

Threats

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- Edit text here

Group discussion

- Additional points for discussion
 - How relevant is EE in developing the necessary work-related competencies
 - How should this be secured for all practitioners
 - How to move from competencies at graduation to true competencies during work-life

Group discussion – main conclusions

- Many thanks for your cooperation!

Strength

- High quantity of practical traineeship in real clinical environment within dental clinical courses in existing curricula (++)
- Experienced teaching staff in conducting practical traineeship in real clinical environment (++)
- The importance for constant improvement of curricula in dental education recognised by academic staff and students (+)

Weakness

- Lack of programs for teaching competencies development (++)
- Insufficient teaching staff formally trained in teaching competencies (++)
- High number of students (+)
- High workload of teaching staff(+)

SWOT analysis

Opportunities

- Request from official regulatory bodies for harmonization of dental education programs with EU Directives, practice and policies (++)
- Collaboration and exchange of good practices within the *Reinforcement of the Framework for Experiential Education in Healthcare in Serbia*(ReFEEHS) Consortium (+)

Threats

- Resistance to change of teaching process within the academic community and society (+)
- Lack of policy statements and true commitment for improvement and innovation (+)
- Financial limitations (++)

SWOT analysis