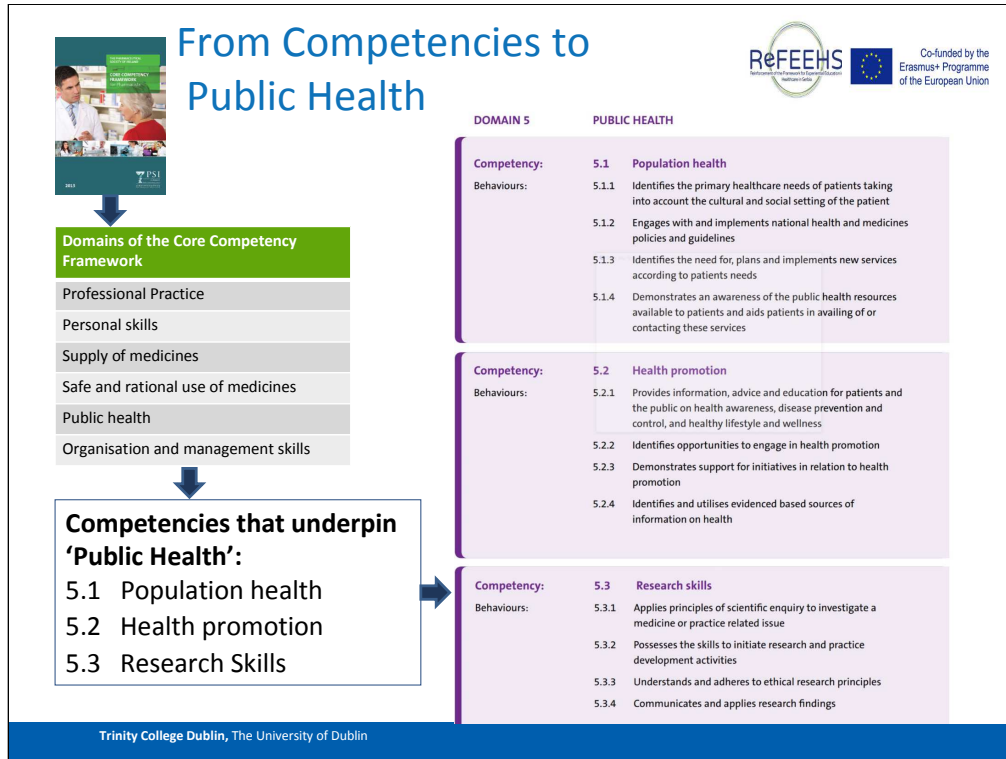**Trinity College Dublin**
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Developing and assessing professional attributes: competencies and experiential placements ....Saturday 24th March 2018

Dr Cicely Roche(School of Pharmacy & Pharmaceutical Sciences)

From Competencies to Public Health

Domains of the Core Competency Framework

Professional Practice
Personal skills
Supply of medicines
Safe and rational use of medicines
Public health
Organisation and management skills

Competencies that underpin 'Public Health':
5.1 Population health
5.2 Health promotion
5.3 Research Skills

DOMAIN 5 **PUBLIC HEALTH**

Competency:	5.1	Population health
Behaviours:	5.1.1	Identifies the primary healthcare needs of patients taking into account the cultural and social setting of the patient
	5.1.2	Engages with and implements national health and medicines policies and guidelines
	5.1.3	Identifies the need for, plans and implements new services according to patients needs
	5.1.4	Demonstrates an awareness of the public health resources available to patients and aids patients in availing of or contacting these services

Competency:	5.2	Health promotion
Behaviours:	5.2.1	Provides information, advice and education for patients and the public on health awareness, disease prevention and control, and healthy lifestyle and wellness
	5.2.2	Identifies opportunities to engage in health promotion
	5.2.3	Demonstrates support for initiatives in relation to health promotion
	5.2.4	Identifies and utilises evidenced based sources of information on health

Competency:	5.3	Research skills
Behaviours:	5.3.1	Applies principles of scientific enquiry to investigate a medicine or practice related issue
	5.3.2	Possesses the skills to initiate research and practice development activities
	5.3.3	Understands and adheres to ethical research principles
	5.3.4	Communicates and applies research findings

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the Core Competency Framework published by the PSI collectively represents the range of behaviours that every pharmacist is expected to demonstrate.

There are 6 domains, that incorporate a broad spectrum of 177 behaviours grouped into 25 competencies – not just focussed on clinical knowledge.
……………

ReFEEHS

Behaviours derive from: 'Knowledge, skills and attributes'

Behaviours derive from:	Description	Context
Knowledge	Acquisition of fact, truths, principles acquired through experience or education	Pharmacists through their education have an in-depth knowledge of therapeutics, and the pharmaceutical sciences etc.
Skills (*artistry of practice)*	Ability, coming from one's knowledge, practice, aptitude, to do something well	(tacit) skill demonstrated in the communication process required to respond to symptoms
Attitudes	Readiness of the psyche to act or react in a certain way	Pharmacists have a **moral/ professional identity ….** and (are) required to use their knowledge/skills responsibly and professionally in the healthcare system. e.g. Social Contract, professional Codes

Roche, 2007; Roche & Kelliher, 2014, 2009

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Competency assessment/ performance assessment (… existing experiential)

Mark	Ranking	Definition	% Range
0	Cannot	Not applicable in this training establishment	0%
1	Rarely	Very rarely meets the standard expected. No logical thought process appears to apply	0-20%
2	Sometimes	Much more haphazard than 'Mostly'	21-50%
3	Mostly	Implies standard practice with occasional lapses	51-84%
4	Consistently	Demonstrates the expected standard practice with very rare lapses	85-100%

# Using the CCF for self-appraisal (alternate scale/terminology)

There are a number of commonly used models of experiential learning cycles and approaches to reflective practice - Kolb's cycle is one of many models found in the literature.

The cycle provides a set of reflective prompts, which have the potential to provide structure for a piece of reflective writing – following an experience, as you might encounter during your placement, you are prompted to articulate what you thought about the experience, then identify a 'learning outcome' for yourself and, finally, having achieved the learning outcome, consider the impact on practice.

The Institute refers to reflective practice as the inter-related series of 5 questions: What do I know?; What do I want to Know?; What have I learned?; What will I do with what I learned?; and What happened when I used what I learned?

There is overlap amongst these models – Kolb's cycle aligns reasonably well with both the Institute's approach and with the Hatton & Smith and Jenny Moon levels of reflection (see references). Overlap is not surprising given that a key objective of reflection is to learn from experience and theory, bringing both together to deepen understanding.

Learning cycles and Experiential learning
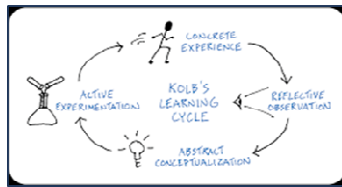
Kolb's experiential learning theory. (Kolb, 2015)
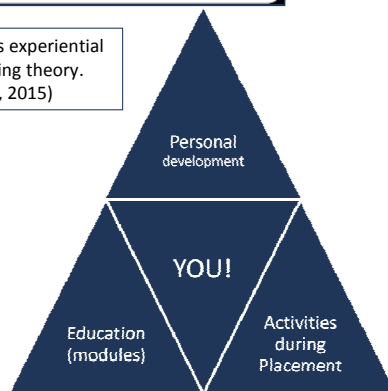
Deepening reflection during the experiential learning process:
•Immediately after the 'experience';
•A few hours after the 'experience';
•A few days after the 'experience';
•… *with the benefit of feedback*.
Key questions to consider:
What prompts students to realise that they don't independently think of all the potential options?
What leads to a change in plan(s)?

Shared Modules – academic credit of 30CTS

Kolb's experiential learning theory.
(Kolb, 2015)
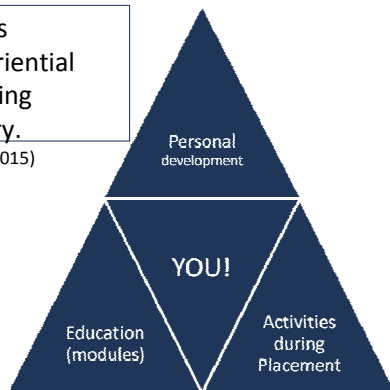
Challenge …How might we stimulate:
a)experiential learning and reflective practice, and
b)development of competencies that enable students to deal with the ambiguity that they encounter in the workplace…

While also accommodating aims of the new integrated MPharm Programme

Background and context

- **MPharm Integrated programme – shared modules being co-developed by three Universities 2017-2018 for year 4 and year 5, to be delivered sequentially in 5 week blocks.**

- **Underpinned by the Core Competency Framework for both preceptor assessment (observation of behaviours) and the academic modules.**

- **University character, no requirement to attend at University, no additional burden on preceptor.**

- **Online structure – prioritisation of engagement, and a robust assessment that manages concerns regarding grade inflation/ failure to differentiate.**

- **Curriculum design (Learning and assessment) of academic modules has been designed around the process introduced in this workshop.**

Introductions:

- **Share experience(s) of using 'dilemma scenarios' in learning and assessment…**

- **What challenges have you experienced/ might arise with respect to participant engagement in discussion and decision-making through ambiguity? … or through dilemma scenarios?**

Assessing Professional Attributes: Intermediate Concept Measures (ICMs)

Aim of this session is to share experience of an assessment that:

•**seeks to enable development and demonstration of competencies underpinning ethical dilemma resolution and dealing with ambiguity;**

•**by incorporating into activities:**

- (a) 'independent thinking' regarding a dilemma scenario,
- (b) then forcing decision-making through ambiguity and
- (c) then, having made 'independent' decisions, task-driven peer discussion and debate to 'resolve' the dilemma;

•**is supported by rubrics, and when online, chats and/or discussion fora;**

•**and which is aligned with underpinning Neo-Kohlbergian theory and evidence base regarding Moral Development… logic, role-play and peer interaction.**

Experiential learning!
Please complete tasks 1 to 7 **in sequence**:

1. Read the scenario (pink sheet) – <u>on an individual basis, without discussion!</u>

2. Rate the action options (yellow sheet)- <u>on an individual basis, without discussion!</u>

3. Rank the action options - <u>on an individual basis, without discussion!</u>

4. For your most preferred action option rate the justification options (green sheet)

5. Rank the justification options

6. **Once you have finished steps 1 to 5**, join with 2 others and try to agree a preferred action option,

7. .... and then agree the justification options to go with that preferred action option.

•Reassure them that there is no one right or wrong answer!

Conventional or complementary therapies?

Alison Aylward works in a community pharmacy that is providing a health promotion day on healthy living. Her contribution involves advising patients on the lifestyle issues that can reduce the risk of developing cardiovascular disease – including reference to healthy diet, regular exercise and the avoidance of smoking. As she finishes the consultation with a middle-aged lady, the patient asks her about a particular herbal product, recently launched to the market, about which Alison has heard mixed reports regarding efficacy. Alison recognises the patient as Ann, a local school teacher, and remembers that Ann has recently completed therapy for breast cancer. Ann tells the Alison that, while on holidays in the country recently, a staff member in the local pharmacy advised her to use this product. On further questioning Alison realises that Ann is considering discontinuation of Tamoxifen*, her current prescribed therapy, despite advice from her doctor that all treatment options had been utilised to establish her remission^. She does not want to suffer the side effects any more and is convinced, following her own extensive research, that this 'natural' product is the way forward for her. Ann makes it clear that she does not intend revisiting her doctor or informing the doctor about her decision to discontinue Tamoxifen. It is her intention to begin taking the herbal product.

What should pharmacist Alison do next?

*Tamoxifen is the active ingredient of a regularly prescribed medicine recommended for women who have been treated for breast cancer. They are typically required to continue taking this medication for several years.

^Chaar, B. (2006). Decisions, decisions: ethical dilemmas in practice (or how to pass the 'Red face Test'). Australian Pharmacist. V.25: (6) 444-449
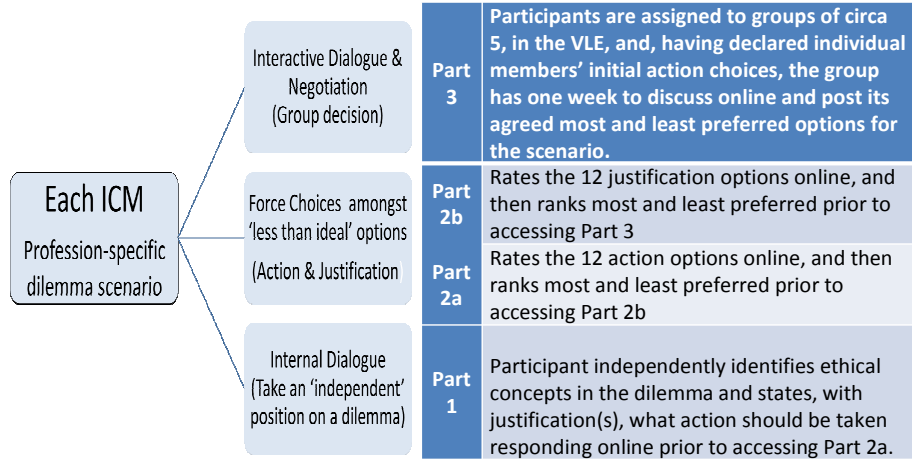
(Note: other professions could be inserted in lieu of 'pharmacist')

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- Allow attendees to read these as they await the start of the session.
- Put action/justification lists underneath.
- Revert to the first slide to introduce the session

Intermediate Concept Measures (ICMs)
(... Prof Muriel Bebeau, adapted to online T&L)

	Interactive Dialogue & Negotiation (Group decision)	**Part 3**	**Participants are assigned to groups of circa 5, in the VLE, and, having declared individual members' initial action choices, the group has one week to discuss online and post its agreed most and least preferred options for the scenario.**
Each ICM Profession-specific dilemma scenario	Force Choices amongst 'less than ideal' options (Action & Justification	**Part 2b**	Rates the 12 justification options online, and then ranks most and least preferred prior to accessing Part 3
		Part 2a	Rates the 12 action options online, and then ranks most and least preferred prior to accessing Part 2b
	Internal Dialogue (Take an 'independent' position on a dilemma)	**Part 1**	Participant independently identifies ethical concepts in the dilemma and states, with justification(s), what action should be taken responding online prior to accessing Part 2a.

Intermediate Concept Measures (ICMs)
(... Prof Muriel Bebeau, adapted)

The components of an ICM :

• *a short profession-specific/ problem-specific 'dilemma' scenario, and series of action and justification choices.* **(pink sheet)**

• *dilemmas include relevance to ethical principles e.g. Respect for autonomy and to intermediate concepts e.g. patient or societal best interests; [generally 200 to 350 words – videoclip for Mpharm Degree)*

• *The case study, action choices and justification options are presented in sequence [prefer 12 options for T&L, 4 to 7 sufficient for assessment]* **(yellow sheet)** *for actions and* **(green sheet)** *for justifications sample*

• *options proposed include those with a focus on* <u>*self interest*</u>*,* <u>*maintaining rules and norms*</u>*, and* <u>*'patient' and/or societal interests*</u>*.*

... a means of facilitating (and motivating) practitioners and students to engage

1. **Reflect individually (form an opinion, in your Professional Judgement, with the limited information you have)**

2. **Choose amongst given options (Common language – to facilitate engagement with others)**

3. **'Best' and 'worst' – facilitates discussion of 'unprofessional' or 'non-defensible' action options**

4. **Interact with others to agree a group selection and/or prepare written advice to the individual in the scenario**

5. **Reflect on individual, group and other groups' choices (Feedback session allows this further reflection)**

•Relate these 5 steps to what attendees have just done.
•Assess by comparison with what choices an expert group would make
•Assess by reference to Principlism at both individual and group level – see various grading sheets
•Develop assessment by relating to reference to concepts in reflections

Motivating learners 'with assessment' or use techniques to drive 'group' engagement

Three 'challenges' – same 'assessment tool':

1.Development of reasoning competencies for dealing with ethical/ professional dilemmas (derived from Neo-Kohlbergian Theory):

   a. Identify the ethical concepts might be 'at risk'.
   b. Identify which ethical concepts might be in conflict
   c. Generate a range of action options, and consider impact on various 'stakeholders'
   d. Choose an action option – in less than ideal circumstances
   e. Justify your choice of action, referring to recognised frameworks (vary across disciplines/areas of interest) (*majority of 'marks' if assessing*)

2.Individual constructivism: Critical thinking and Decision-making when faced with ambiguous situations.

3.Social Constructivism: 'Engagement' in discussion – drive by forcing participants to 'state a position' before being assigned to groups.

Experiential learning! Prepare your 'own' ICM

1. Scenario –

•200 to 350 words,

•Literacy e.g. age 15 – simple language, in context of 'audience'

•no escape to the letter of the law or 'absolute decision-making trees/guidelines;

•at least 2 ethical concepts in conflict, (may have a few dilemmas)

•Footnotes explain any term – not a test of knowledge

•Finishes at a moment in time that can legitimately require an 'immediate decision in less than ideal circumstances'!

2a. Action options

Seek to write 4 actions that represent behaviour in the person's own interest, 4 actions that represent behaviour focussed on maintaining rules/norms/codes and 4 actions that represent behaviour in 'society's ' (or patient's/client's) best interests …

2b. Justification options 4x3 (reveal underpinning intentions)

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Note that this is not intended to be a 'scientific' process, rather than the action options are approximately equivalent and/or that none is obviously better than the other three.

Ethical 'concepts' might include

- Duty of Care … to an individual or to society more broadly – potential link with paternalism
- Do good/ beneficence
- Do no harm/ non-maleficence
- Justice – especially distributive justice/ ' resource allocation'
- Privacy
- Confidentiality
- Respect for autonomy
- Trust
- Fidelity (faithfulness)
- 'best interests' principle
- Other???

MPharm (integrated) shared Modules year 4

16 weeks, x 20 hours per week.
50:50 directed :self directed learning.
'Compulsory' online Wednesdays 1pm to 5pm.

Week 1: Orientation week

Weeks 2 to 6: Professional Practice 10ECTS

Weeks 7 to 11: Professional Skills Development 10ECTS

Weeks 12 to 16: Organisation and Management Skills 10 ECTS

Five- week Modules e.g. professional practice

- **Year 4 references to the CCF:- some of the behaviours listed in in the PSI CCF. (*Year 5 – includes all the behaviours the CCF*)**

- **8 learning outcomes for each Module – three are common across the three modules.**

- **'Scaffolding' (online learning methodologies aligned with ICMs):**
  - Two core references available from week 1, and these help students prepare for the scenario in week 2.
  - Learning Units (vodcasts)– three each of weeks 1 to 3.

- **Activities online are guided by 2 rubrics – 50% aligned with individually completed activities and 50% aligned with groupwork**

'Individual' students activities in response to ICM methodology:

- Response to scenario 250 words: Time allowed can be e.g. 2 hours on allocated day… might take only take 30 minutes.

- A range of 12 action options, in the format outlined, must be provided. Student rates (Highly defensible, Defensible, Questionable, Not Defensible) and ranks (3 most and 3 least preferred options, in order of preference) these options (sample of layout/ process at session).

- Explain/ Justify the choice of least preferred option (100 words)

- Provide a reflection (150 words) on the scenario, and his/her initial response, having subsequently considered the range of options proposed.

- Collated student 'individual' responses to be included in his/her first post to the discussion forum week 3.

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Groupwork aligned with ICM methodology

- Share/ upload all 4 'artefacts' as a first post to the discussion forum.

- Use the discussion forum to discuss the scenario and the options …and agree, in order of preference, the group's 3 most and 3 least preferred action options from the list of 12 provided.

- Discuss online to agree 500 words of advice to the pharmacist.

- Peer review, by discussing as a group, the 500 words of advice prepared by two other groups – one each from groupwork of peers in a university other than their own.

- Individuals contribute as required by the rubric (i.e. individual group members will not all necessarily get the same mark for this component)

- … all for the 50% of marks for the Module, as guided by the relevant Rubric.

Summary of 'artefacts' produced by the group – aligned with ICM theory

- Advice for the 'pharmacist' 500 words must be included in the final post on group discussion forum, by 5pm Week 4.

- Group agreed ranking of three most and least preferred action options, also included in the final post on group discussion forum, by 5pm Week 4

- Provide a peer review of each of two other 500 words advice i.e. descriptor assigned as per the rubric, and two sentences of feedback, one of which is reinforcing and the other of which guides as to 'what might be improved', by end of week 5.

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Questions, comments and or feedback?

Thank you

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