

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

# Practice, Practitioners and Providers collaborating for quality experiential education

Assoc Prof Martin C Henman Trinity College Dublin

**Thematic Workshop 4** 

Belgrade – May 2018

Réfeems

Co-funded by the

Erasmus+ Programme of the European Union

## **Health Professional Education**

#### **University practice**

- Ever-increasing body of knowledge & skills
- Changing goals & behaviour & expectations of students

#### **Healthcare practice**

- Varied, complicated, always changing
- Changing goals & behaviour & expectations of patients
- Where theory & practice collide

Learning about practice Learning in practice Both! But how?



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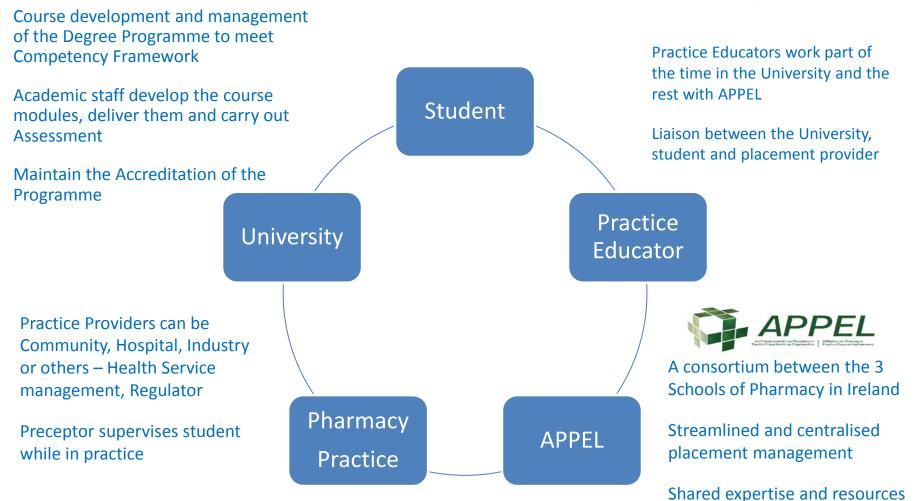
of the European Union

ReFEEHS



# The Participants in Ireland







## What does APPEL do?

Quality Framework

#### Placement management

#### **Policies**

-

#### IT

Agreements

Appendix II APPEL Policy Regarding Student Immunikation and Intellion Press, 115 Press							
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Accepted by practice educators (initials and date):	UCC MD 8/12/2018 JN 12/12/2018	RCSI MK 8/12/2018 RR 12/12/2018					
SOP student immunisation liaison (initials and date):	UCC KD 8/12/2016 KW 8/12/2016	RCSI MK 8/12/2016					
Head of School (initials and date):	UCC SB 16/11/18	PG 17/11/16					
Team (initials and date):	APPEL Operations MC 25/11/2018 Team (initials and AR 8/12/2016						
Revision	Date	Prepared By					

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Appendix IV - APPEL Policy and Procedu

Appendix IV - APPEL Policy and Procedures Regarding Notification of Reports of Potential Patient Safety Incid Breaches of the Schools of Pharmacy Code of Conduc

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(initials and date)	SB, 7/11/2018	PG, 7/11/2016						
Team (initials a date):								
Revision	Date	Prepared By						
1.11	17/10/16	MD/AR						
1.12	27/10/16	AR						

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Appendix III - APPEL Paley and Procedures Regarding Stud Vers 2 Particle Placements.

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**Communication and engagement** 

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Version:	1.8					
Date:	14/11/16			_		
Owner:	Aisling Reast					
Effective Dete:	14/11/16			-		
Authorised by:	Aisling Reast		Date: 14/11/16			
Accepted by:	UCC	RCSI	TCD	A		
	Prof S Byrne 11/11/16	Prof P Gallagher 11/11/16	Prof AM Healy 12/11/18	A 14		
	J Murphy 10/11/16	F Mitchell 7/11/16	S Power 8/11/16	14 AL Sign		
Revision:	Date:	Prepared by:	Reviewed by:			

#### 1.1 Soope

This policy sets out APPEL's role in ensuring that all students provided with preplecements as part of the five-year integrated pharmacy programmes provided by I ROSI and TOD have undergone appropriate veiting. It does not set out the ve processes undertaken by the HDs.

#### 1.2 Purpose

The pharmacy programmes of each 50° are importent components to each 1 overall estuational mission, and the success of this ground-baseling compoamengement to deliver and manages intel pharmacy superiorial learning became importent to all. An agreed AVPEL wetting policy is, therefore, necessary to errur success.

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Appendix V - APPEL Policy and Procedures on Visits to Train Establishments Facilitating Year 2 Students APPEL Policy and Procedures on Visits to Training Establish

Year 2 Students									
Version: 1.9									
	19.12.2016								
Owner: MD/UN/AR									
Effective Date: 20/12/2016	k.								
Authorised By:			Date:						
Accepted By	UCC	RCSI	TCD						
Practice Educators (initials and date):	JN 05/12/16	MK 05/12/16	TR 05/12/16						
	MD 06/12/16								
SOP Head of School	UCC	RCSI	TCD						
(initials and date):	SB 19/12/16	PG 08/12/16	AMH 18/12/16						
APPEL Operations Team (initials and date):	AR 19/12/16								
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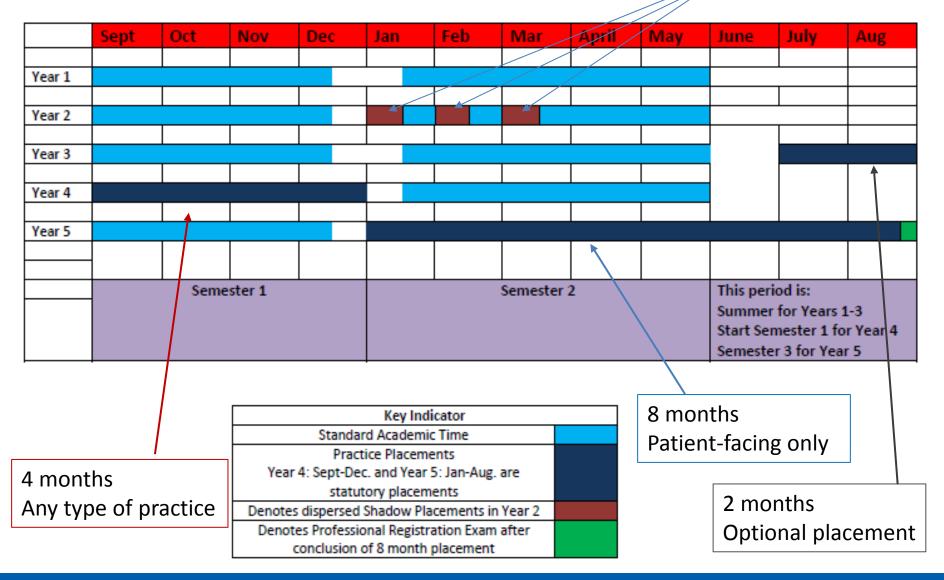
## 5 year integrated Pharmacy Programme

Statutory Practice placements Statutory Shadow placement Curriculum/Course placements & experience Voluntary experiences & placements



## Integrated 5 year Programme

2 weeks Required placement



## Trinity College Dublin



In the Degree Programme (as a whole) and within each Module, the design and Learning Outcomes facilitate the development of competencies – align with Core Competency Framework (CCF)

University assessment ensures that the student has attained the appropriate level of knowledge, skills & attitudes to undertake a placement

It provides advice and guidance about the practice setting and sets standards for student behaviour, dress etc...

It provides a mechanism, Pebble Pad to create a *e* portfolio that the students brings with them

It also provides and encourages students to undertake placements and experiences that will help them to become capable of learning in the work place & contributing to the activities of the practice team



#### Year 1



Curriculum/Course placements: 2 days Work Experience and 1 evening Pharmacy visit

The pharmacy visit, work experience and CCF-Live components are included in the degree programme not only to help you integrate the knowledge and skills gained in College with the practical knowledge and skills gained in the workplace, but also as opportunities to become familiar with the competencies in the PSI's Core Competency Framework (CCF) for Pharmacists - how they are demonstrated by pharmacists and how the course material contributes towards their development.



## Pharmacy visit





The class will visit Boots Pharmacy in ... on an evening in March (3 groups).

This visit will be arranged by the School and will both help you to contextualise your learning in the degree to date and allow comparison with the pharmacy where you undertook your work experience.

#### Four stations each with a pharmacist to direct the students.

- 1. Regulatory & organisational requirements for community pharmacies
- 2. Dispensary
- 3. Medicines Counter
- 4. Consultation area





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# 2-Day Work Experience

Module PH11P6: Practice of Pharmacy

• Eimear Ni Sheachnasaigh Date 16/01/18

## What can I expect? Trinity Advice



- New experience for most students
  - Learning experience no need to be anxious
  - Review your learning activities in advance (on Blackboard)
  - Learn from all of the pharmacy team not just the pharmacist
- Some pharmacists/pharmacies may be very busy
  - Use busy times to achieve your learning activities
  - Gather your written questions and use quieter periods to discuss with the pharmacist
- There will be many new medicines with which you will not be familiar
  - Make notes as you go and use a BNF to assist
  - Observe medicines being dispensed already covered in your course to date
- There may be a need for a change of pharmacist
  - this can occur for unforeseen reasons so be adaptable

## 2-day Work Experience



- **1. Pharmacy layout and organisation** (Max. 200 words)
- (i) Describe the layout of the pharmacy with particular reference to:
- The arrangement of medicines within the dispensary
- The arrangement of medicines within the OTC section
- **Refrigerated medicines**
- **Controlled drugs**
- Other storage arrangements that the pharmacist may apply to specific medicines for safety reasons, if any.
- (ii) Support your description by drawing an outline plan of the pharmacy showing the main features of the dispensary and the front of shop area.
- 2. Communication (Max 200 Words)
- Describe, with reference to the communication skills coursework that you have already undertaken, some of the communication skills practised by the pharmacist when dealing with patients.
- 3. CCF-Live (Max 30 words per behaviour)
- For each of the 25 competencies in the PSI's Core Competency Framework (CCF), observe, appreciate and document, using CCF-Live, one behaviour that you observe being practised by a pharmacist during your work experience

# PebblePad Workbook



Student tasks - Complete all admin details

Refeems

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Upload Practitioner's Report

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• Administrative Details

# PebblePad Workbook



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#### 2 Day experience – Portfolio record

#### • Pharmacy Layout

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[॑ <u>॑</u> Contents	Administrative details	CCF Live 1	Pharmacy layout	Communication		
		Describe - The arr - The arr - Refriger - Control - Other s	attach your sketch of the pharmacy layout	r reference to: ary, ttion, may apply to specific medicines for safety reasons (if		Replace image

### Year 2 Statutory placement – 2 weeks

- Observe, appreciate and document the steps involved in the safe dispensing and supply of medicines:
  - Follow a prescription journey, which encompasses all of the following steps: presentation, legal check, calculation, patient medication record entry, labelling and assembly, clinical check, risk management and monitoring
  - Follow a prescription journey for a drug with additional controls and identify how this differs from a regular prescription
  - c. Supply of non-prescription medicines
  - d. Sourcing of medicines and stock management

Observe, appreciate and document the skills and behaviours of the pharmacist In particular in their capacity as a:

a. Collaborator

d. Manager, and

- b. Communicator
- c. Advisor

e. Life-long learner

Refeems

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- 3. Link Documented Activities to the PSI's Core Competency Framework (CCF) "The purpose of a five year fully integrated Masters degree programme in pharmacy is to produce pharmacy graduates who have the knowledge, skills, attitudes and behaviours to meet the CCF, to be prepared for patient-centred pharmacy practice in all pharmacy settings and so be entitled to apply to have their names entered in the Register of Pharmacists". For each of the 6 CCF domains, the student must:
  - a. Link the activities they undertook to behaviours in the CCF
  - b. Link the activities they observed to behaviours in the CCF





## Year 2 Feedback recorded by APPEL

In 2017, 84% of our supervisors agreed that supervising a student contributed to their CPD and 88% found it a rewarding and enjoyable experience.

Our supervisors told us:

"It was hugely rewarding" "It made me think more deeply about clinical issues and by talking through / explaining such issues in detail it go me back to quite specific pharmacology which I hadn't thought about for a while!!" "Sharing and imparting knowledge gives a different type of work satisfaction. Useful for CPD!!"









## Year 2 Feedback recorded by APPEL

#### Our students told us:

I got to experience a side of pharmacy i hadn't any experience with and got to see how I could be putting my skills to use in the future. My supervisor gave me useful case studies which aided my learning and contributed to my interest in community pharmacy as a whole.

After doing the 2 week placement, I feel I would definitely be more likely to pursue a career in this area



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Year 4



#### Statutory placement - 4 months

3 placement Modules - Organisation and Management Skills, Professional Skills Development and Professional Practice

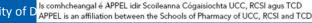
#### Achieved through:

- Academic activities and resources to support students in achieving competency
- Opportunity to practice the competencies with mentorship and guidance from the preceptor

#### Assessed by:

- Training Establishment (Practice):
  - Continuous Assessment Performance Appraisal
- Academic staff (University):
  - Written and practical examinations
  - Group and individual projects
  - ePortfolio, OSCE etc.



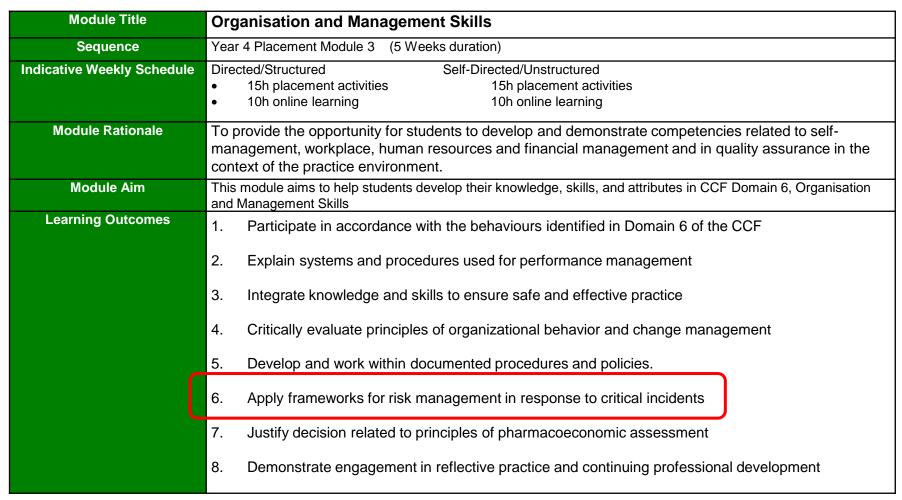








### Year 4 Statutory placement - 4 months



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Practice provider initiatives: Voluntary work experience

Community Programme



- 1. Working with the pharmacy
- 2. Working with medicines
- 3. Working with the Supervising Pharmacist
- 4. Working with prescriptions
- 5. Working in the dispensary
- 6. Working with calculations



#### Summer Placement Programme

Giving pharmacy undergraduates hands-on experience in community pharmacy

#### ctivity 3.5.1

- The dispensing process involves five key stages:
- 1 SOP 1a: Taking in a prescription
- 2 SOP 1b: Taking in a PS prescription
- 3 SOP 2: Assess and clinically check a prescription
- 4 SOP 4: Label and assemble a prescription
- 5 SOP 5: Accuracy check before handout
- 6 SOP 6: Handing out a prescription
- 7 SOP 7: Record keeping and Completion of Documentation

Familiarise yourself with the above SOPs.

Discuss with your Pharmacist your involvement with each one. Your Supervising Pharmacist will need to sign you off on each SOP that relates to an activity you undertake in the pharmacy.

Use the space below to make notes.



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#### **Internship Year Programme**



tools	October workbook	November workbook	Jan workbook	Feb/March workbook	April workbook	May workbook	June workbook	July workbook
Developing your Leadership Skills	Your Pharmacy team, Personal impact, Customer care	Performance Leadership	Giving & receiving feedback, relationship pyramid	Impact & intent, resilience	Coaching & delegation	Having challenging conversations	Influencing	Leading chang
Person- Centred Care	Boots Healthcare Way, sale of non- prescription medicines, Paracetamol codeine and domperidone and differential diagnosis	Cough and Colds, Antibiotics, Sore Throat Test and Treat service	Eye & Ear	Gastrointestinal, incontinence	Women's Health, Migraine, Hayfever & Travel Health	Childhood Ailments	Skin Conditions	Customers affected by cancer Vitamin & Complementar Therapies
Pharmacy Practice	Standard Operating Procedures and Vaccination services	Introduction to HSE-PCRS Schemes , Model Day	Community Drugs Schemes, FRED standards	Accurate Claiming of Prescription Payments, Supply of Methadone	CDs & Clinical governance	PSI Practice Guidance & Guidelines on the Counselling and Medicine Therapy Review	Ethics and professionalism Data protection, Emergency supplies Care home services	Pharmacy inspections Pharmacy Practice learning's
Leading for Store Operations	Store induction, Compliance training, BootsLive	Scorecard & Weekly KPI Reports	Store open/close, till off-line	Stock management, compliance, prioritisation & organisation	Cash Accounting, People Admin, Photographic Staff Training, professional responsibility & delegating	Profit protection	Store audit	
	October workbook	November workbook	Jan workbook	Feb/March workbook	April workbook	May workbook	June Workbook	July workboo

Boots Healthcare Academy

15

The information covered in the workbooks and study days will complement the work that the intern has to complete as part of the National Pharmacy Internship Programme (NPIP)

## Students' learning

- Context for theory, & subjects with no obvious clinical focus
- Big picture
  - Not one subject
  - Not one problem
  - Not only facts
- Who's who in the pharmacy team

Knowledge must be acted upon

Refeems

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- Learning for a clear purpose
- Complicated, demand-led, time-pressured environment
- Change perception of practice
- Change perception of companies/industry



## Students' learning

- Skills matter
- A student pharmacist not a student of pharmacy
- You may need to carry out several activities to achieve one development need
- Remember we all have our own preferred learning styles, some like to read, some like to listen and others like to learn on the job
- Do what comes naturally to you, but be open to new experiences for extra development
- Make sure you keep a record of all the activities that you undertake. Learning may finish at evaluation, though if you reflect on the results you may identify some new learning needs

# – Real life is **MESSY**

Réfeems

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• Working with people, dealing with opinions, trying to help patients



## **Placement Practice team**

- Perception of students
- Perception of what Universities teach
- How students think
- What it is to be enthusiastic
- Watching for learning in the student & in ourselves
- Watching for mistakes
- What we assume but they do not know

Teaching is not just telling

Refeems

Co-funded by the

- Who in the practice can teach
- And who can teach while practising
- How well the practice team adapts to teaching and delivery care
- Different opinions, new ideas



## **Pharmacy Placement providers**









# External Resources: RPS guide Support for tutors



ARMACEUTICAL

OYAL

SOCIETY

Supporting you to be the best tutor you can be



## Rationale for change



#### Why have we come to make such significant changes?





Trinity Education Project

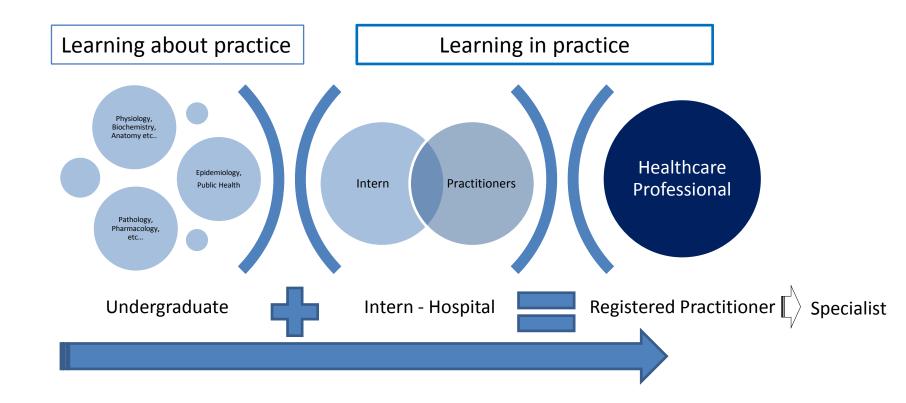


Public concern at poor practice, high cost of health care & high cost and difficulty accessing Health Sciences courses Political pressure to respond to public concerns



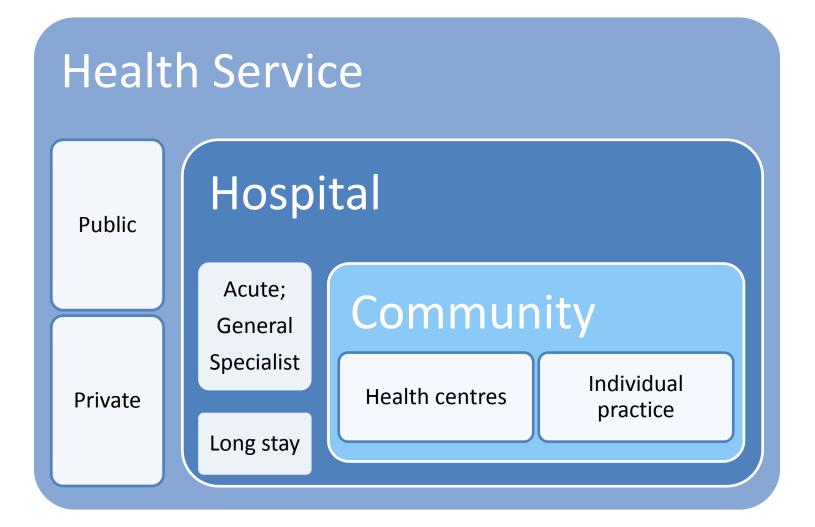


# Health Professional Education: segmented process



Delivering Healthcare: Varied Clinical partners







## Trinity Education Project



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Student attributes are developed over a student's entire university experience, not only in the traditional credit bearing curriculum, <u>but also in non-credit bearing co- and</u> <u>extra-curricular activities</u>, such as summer work placements, internships or volunteering.

# Changes in Learning for Healthcare



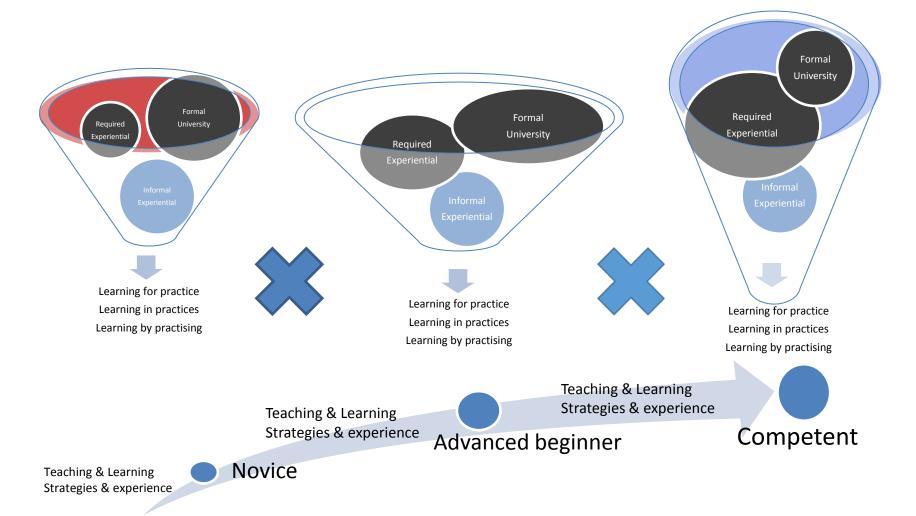
- Formal learning
- Informal learning
- Observation & reflection

- Directed learning
- External content
- Self-directed learning
- Experience & reconstruction

• If students spend around 30 weeks in the University, what do they do in the other 22 weeks?



# Health Professional Education: REFEERS Integrated process



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## Holistic assessment



....attributes are embedded in subject module learning

outcomes, but some aspects are often the product of years,

rather than weeks of learning and <u>demonstrate the impact</u>

of the degree programme and the other activities

undertaken by students.

Examples - Professionalism, Leadership



# Continuing Professional Development (CPD)



"... is the process of reflection, planning, action and evaluation through which a professional continuously develops their knowledge, skills, attitudes and behaviours throughout their career."

CPD is a "self-directed, ongoing, systematic and outcomes-focused approach to learning and professional development"

Self Directed – you decide what and how

- **Ongoing** in every day practice
- Systematic you need to structure it and record it

Outcomes focused – what you did and what you learnt



LEADING PRACTICE 
 ADVANCING STANDARDS







https://www.hrdqstore.com/experiential-learning-model-poster



Emergent Action Research – derived from Schon's Reflective Practitioner

**Knowledge Management Model for Healthcare** 

#### **Knowledge management**

Knowledge management (KM) is the process of creating, sharing, using and managing the knowledge and information of an organisation. KM is an enabler of organisational learning.

Select Health Goal Integrated approach for knowledge use and Long-Term Outcome health system performance How do we achieve Improved health and development outcomes sustainable health through more effective outcomes and impact? Knowledge Management EDGECAPTURE and Health System NOWLEDGE Leadership & Information Governance Analysis: Context Health System Access Epidemiology Evidence-WLEDGE GENERATION -Increased Human Health System based Knowledge Finance Resources Quality strategy Management Knowledge Better Strengthening Management System \* KNOWLEDGE C Service Medicines. Delivery and Vaccines, and Demand Technologies KNOWLEDGE ASSESSMENT Monitor, Evaluate, and Learn

https://en.wikipedia.org/wiki/Knowledge\_management

# **Cost-benefit analysis to assess return on investment in learning & development**

Measure sustainable improvement in performance, proficiency, productivity, efficiency, effectiveness, motivation, commitment, innovation, and reduction in supervision time, corrective actions, negative feedback, staff turnover, and set these against cost resources (time + money) incurred.







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# Thank You Go Raibh Maith Agaibh. Havla Vam



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