



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin



SFUS

Savez farmaceutskih udruženja Srbije
Pharmaceutical Association of Serbia



Is educating pharmacists to be competent, enough for the future of the Profession?

Assoc Prof Martin C Henman

Trinity College Dublin



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Competence & the European Qualifications Framework



The ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development.

It may be described in terms of responsibility and autonomy.

The European Qualifications Framework (EQF)

Fostering competences is the object of all educational programmes.

Competences are developed in all course units and assessed at different stages of a programme.

Some competences are subject-area related (specific to a field of study), others are generic (common to any degree course).

It is normally the case that competence development proceeds in an integrated and cyclical manner throughout a programme.



Current issues in Pharmacy Education

Qualifications Framework + Competency-Based curricula*

Quantification of learning activity

Integrated curricula*

Experiential learning*

Interprofessional learning*

Enabling Research, Innovation & Entrepreneurship

Progression to Professional Practice, to Advanced Practice

Accreditation, Credentialing & Continuous Quality Improvement

Global Competency Framework



Health Professionals' education must enable them to Practice.....so students must be...competent at graduation

FIP Education Initiatives

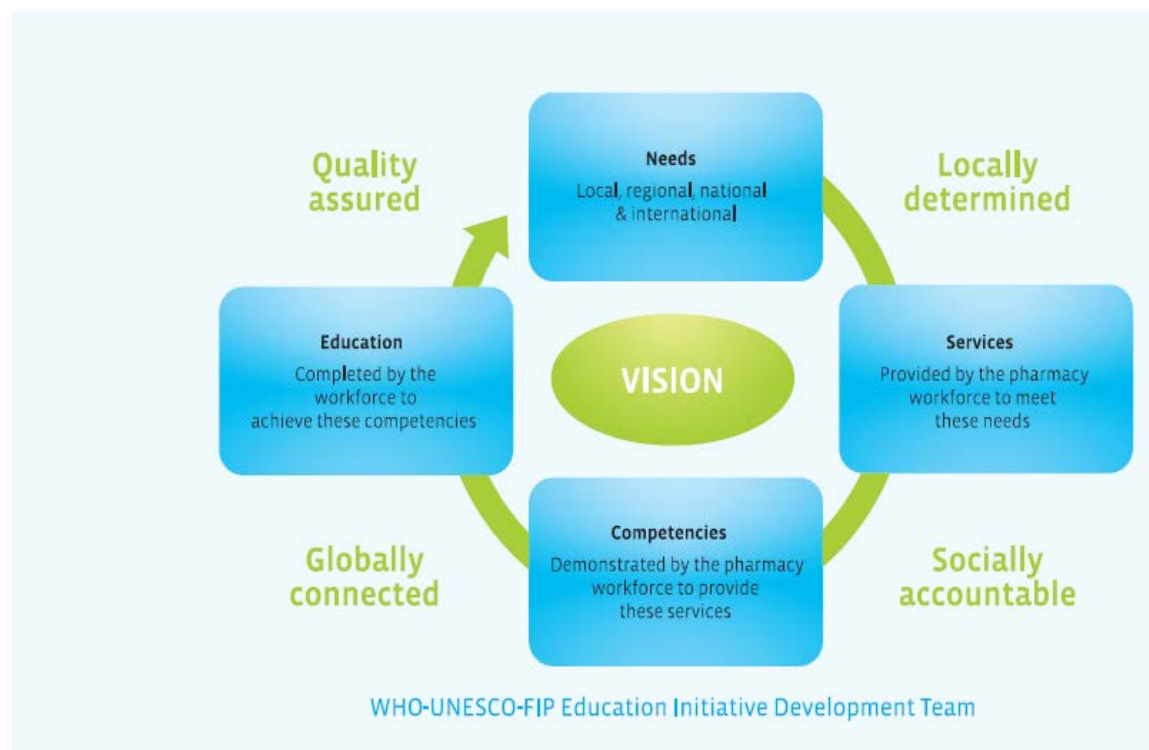
Pharmacy Education Taskforce
A Global Competency Framework

Version 1

Fédération
Internationale
Pharmaceutique

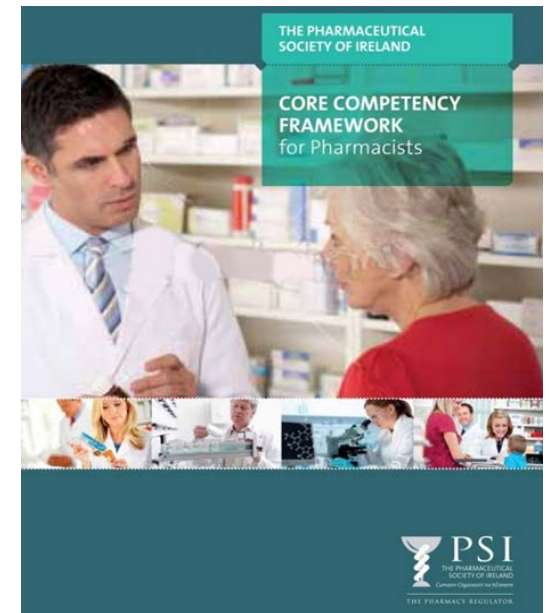
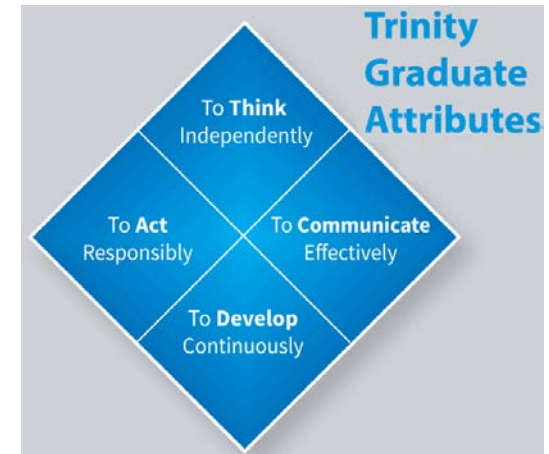
International
Pharmaceutical
Federation

Figure 1: FIP Education Initiative Needs-Based Education Model.



Health Professional Education

- **Competence** - the skill and the standard of performance attained: competences
- **Competency** – behaviour by which the competence is achieved: competencies are behaviours
 - May be core/generic, or specific/technical
 - Competency frameworks consist of Domains in which competences are grouped together e.g. Provision of medicines & within these all the individual behaviours



FIP Global Competency Framework

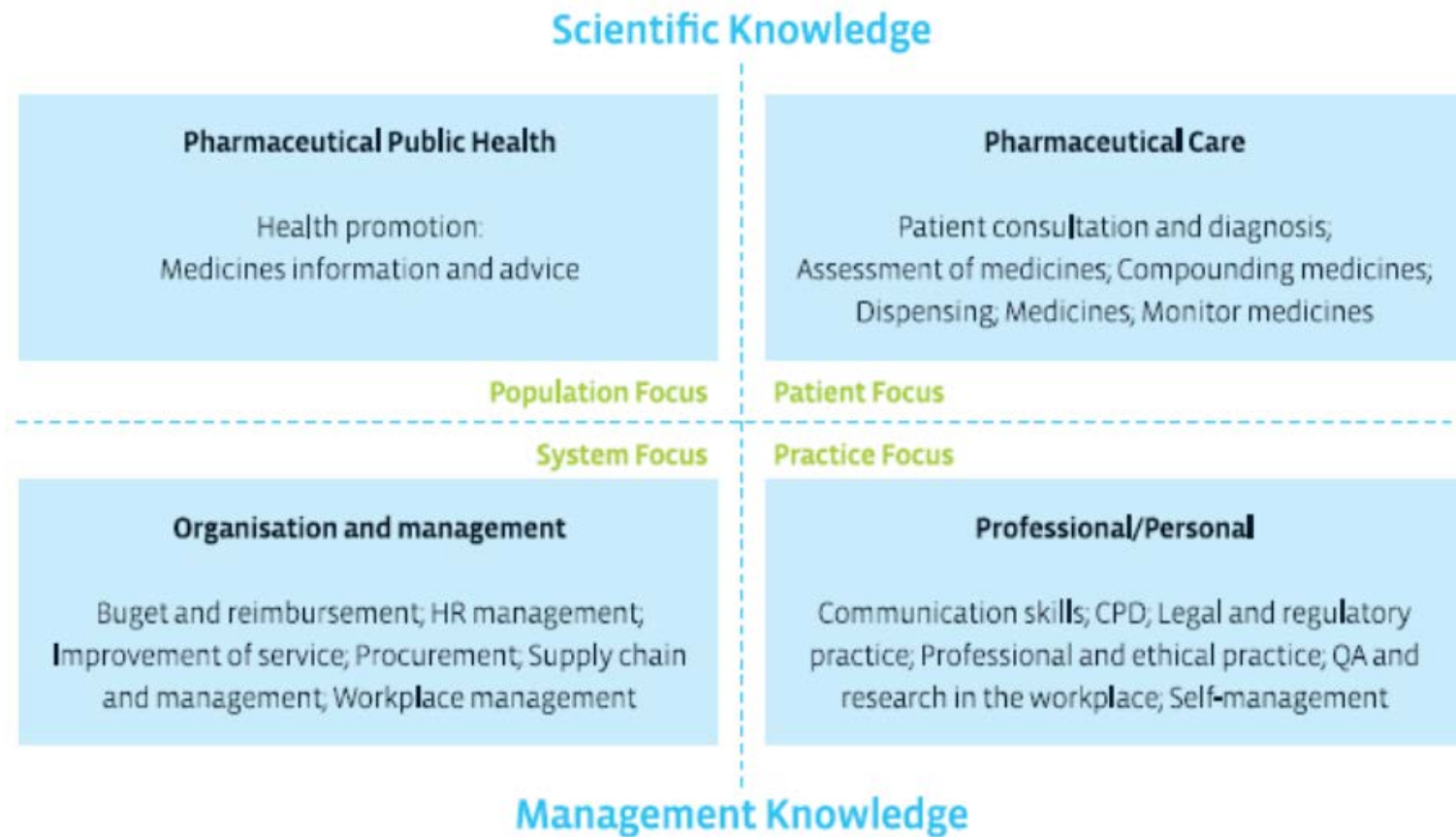


Figure 1 - Domains and illustrative competencies from the GBCF v1 for pharmaceutical services

Core Competency Framework - Ireland

Domain	Competency
Professional practice	Practises 'patient-centred' care Practises professionally Practises legally Practises ethically Engages in appropriate continuing professional development
Personal skills	Leadership skills Decision-making skills Team working skills Communication skills
Supply of medicines	Manufactures and compounds medicines Manages the medicines supply chain Reviews and dispenses medicines accurately
Safe and rational use of medicines	Patient consultation skills Patient counselling skills Reviews and manages patient medicines Identifies and manages medication safety issues Provides medicines information and education
Public health	Population health Health promotion Research skills
Organisation and management skills	Self-management skills Workplace management skills Human resources management skills Financial management skills Quality assurance

- Competences are about behaviours & skills
- Inevitably, to determine competences, these behaviours & skills must be assessed
- There are many to assess
- And each competence is made up of several behaviours & skills that are used/deployed intuitively

6 Domains → 25 Competences → 177 Behaviours!

The Process of Health Care

Assessment

- Symptoms & Signs – History & Examination
- Investigations – Measurements & Imaging

List & Prioritise Problems

- Diagnoses in order of likelihood

Select Intervention – Treat – Watch & Wait - Refer

- Pharmacological; Surgical; Radiotherapy; Physical; Psychological

Plan – agree with patient - Implement - & Monitor

Re-assess – Follow up

Service delivery under time & resource constraints

Remediation or errors, responding to complications

Medication Related Consultation Framework

Did the practitioner undertake the following activities? 1 = not at all, 2 = touched upon; 3 = adequate; 4 = very good; N/a = not applicable

D. CLOSING THE CONSULTATION		1	2	3	4	N/a
D1.	Explains what to do if patient has difficulties to follow plan and whom to contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	Provides further appointment or contact point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	Offers opportunity to ask further questions with regard to issues discussed in the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section rating of *Closing* section

The practitioner was <u>not</u> able to negotiate 'safety netting' strategies with the patient	0	1	2	3	4	The practitioner was <u>fully</u> able to negotiate 'safety netting' strategies with the patient
Comments:						

Fig. 1. Example section from the MRCF Did the practitioner undertake the following activities? 1 = not at all, 2 = touched upon; 3 = adequate; 4 = very good; N/a = not applicable.

Abdel-Tawab R, et al, Patient Education & Counselling 2011 Jun;83(3):451-7.

Medication Related Consultation Framework Tool



THE MEDICATION-RELATED CONSULTATION FRAMEWORK (MRCF)

- A reflective tool to support the development of consultation skills for pharmacy practitioners

Practitioner's name:

Name of reviewer (if applicable e.g. peer or mentor):

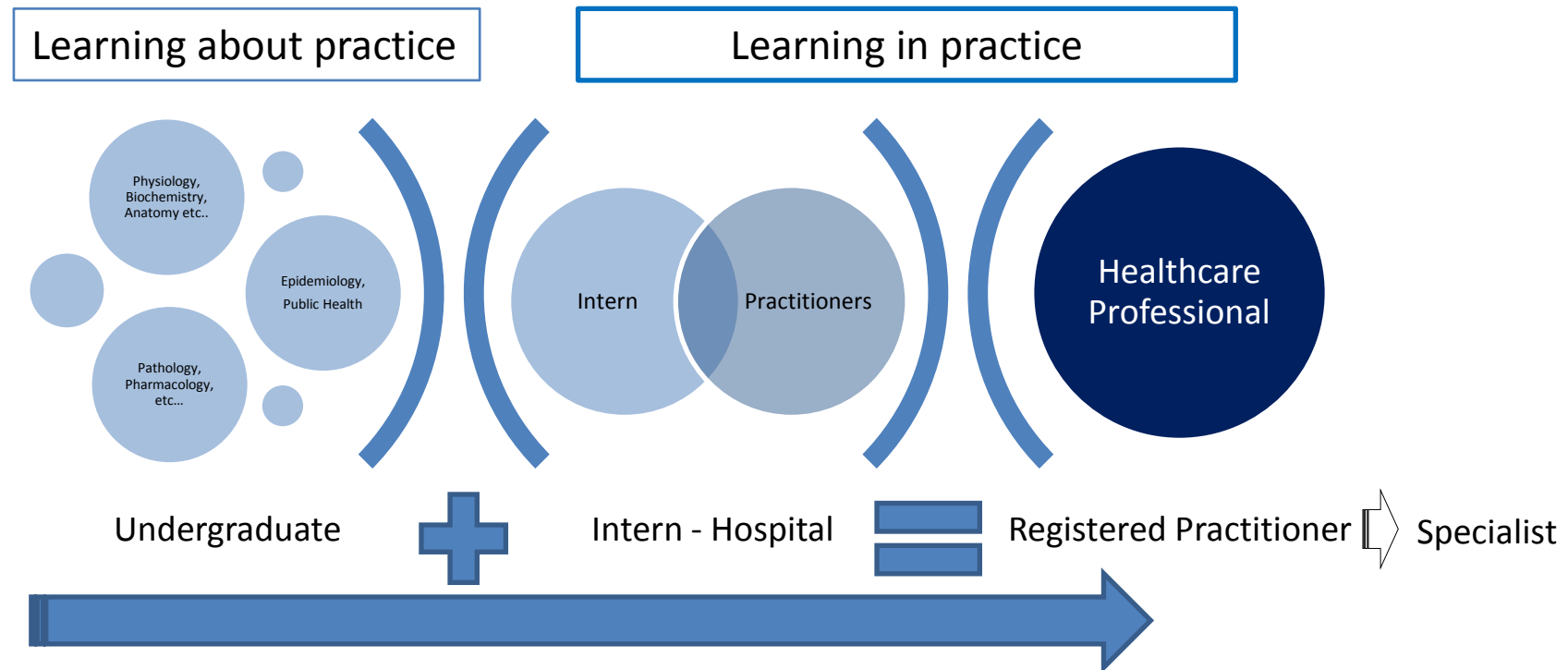
Date of consultation with patient: Date of review / self-assessment completed:

HOW WELL DID YOU UNDERTAKE THE FOLLOWING ACTIVITIES WHEN CONSULTING WITH THE PATIENT?

(A) INTRODUCTION – <i>Was I fully able to build a therapeutic relationship with the patient? Did I...?</i>		Yes / No	Comments / reflections
1	Introduce myself		
2	Confirm patient's identity		
3	Discuss purpose and structure of the consultation		
4	Invite patient to discuss medication or health-related issue		
5	Negotiate a shared agenda		

Learning needs (i.e. areas for improvement / action points):

Health Professional Education: segmented process



Work Based Learning



Taking a patient history – patient's attitude to medicines



Communication skills - from basic patient counselling to dealing with difficult situations

Using competencies to assess these is useful because they take apart the activity so the student can 'see' where they are going wrong

For beginners (novices), this is valuable

But using competencies to assess these activities as the student progresses is a burden for the pharmacist, so it becomes a checklist of items that are ticked off

Entrustable professional activities (EPAs) are the units of professional practice that constitute what clinicians do as daily work. EPAs usually require multiple competencies in an integrative, holistic nature.

Alternative to EPAs

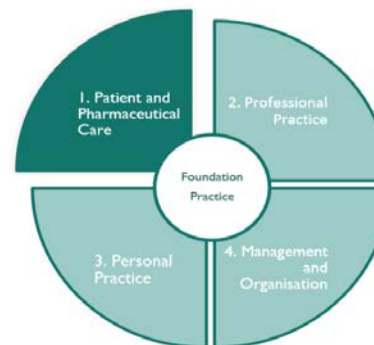
RPS Foundation Pharmacy Framework

A Framework for professional development
in foundation practice across pharmacy



Cluster I Patient and Pharmaceutical Care

Improves professional practice in order to benefit patient care



- 1.1 Patient Consultation
- 1.2 Need for the Medicine
- 1.3 Provision of Medicine
- 1.4 Selection of the Medicine
- 1.5 Medicine Specific Issues
- 1.6 Medicines Information and Patient Education
- 1.7 Monitoring Medicine Therapy
- 1.8 Evaluation of Outcomes
- 1.9 Transfer of care

1. Patient and Pharmaceutical Care

Improves professional practice in order to benefit patient care.

			Provide examples			
			Rarely	Sometimes	Usually	Consistently
I.1	Patient Consultation	Patient consent				
		Satisfactorily obtains patient consent if appropriate				
		Patient assessment				
		Uses appropriate questioning to obtain all relevant information from the patient				
		Consultation or referral				
		Appropriately refer pharmaceutical or health problems				
		Recording consultations				
		Documents consultations where appropriate in the patient's records				
Comments:						
I.2	Need for the Medicine	Relevant patient background				
		Retrieves relevant or available information				
		Medicine history				
		Documents an accurate and comprehensive medicines history when required				
Comments:						

Competency's limitations and...



Competency is assessed by measuring endpoints/outcomes

It also implies that once attained, that is enough – ‘I am complete’

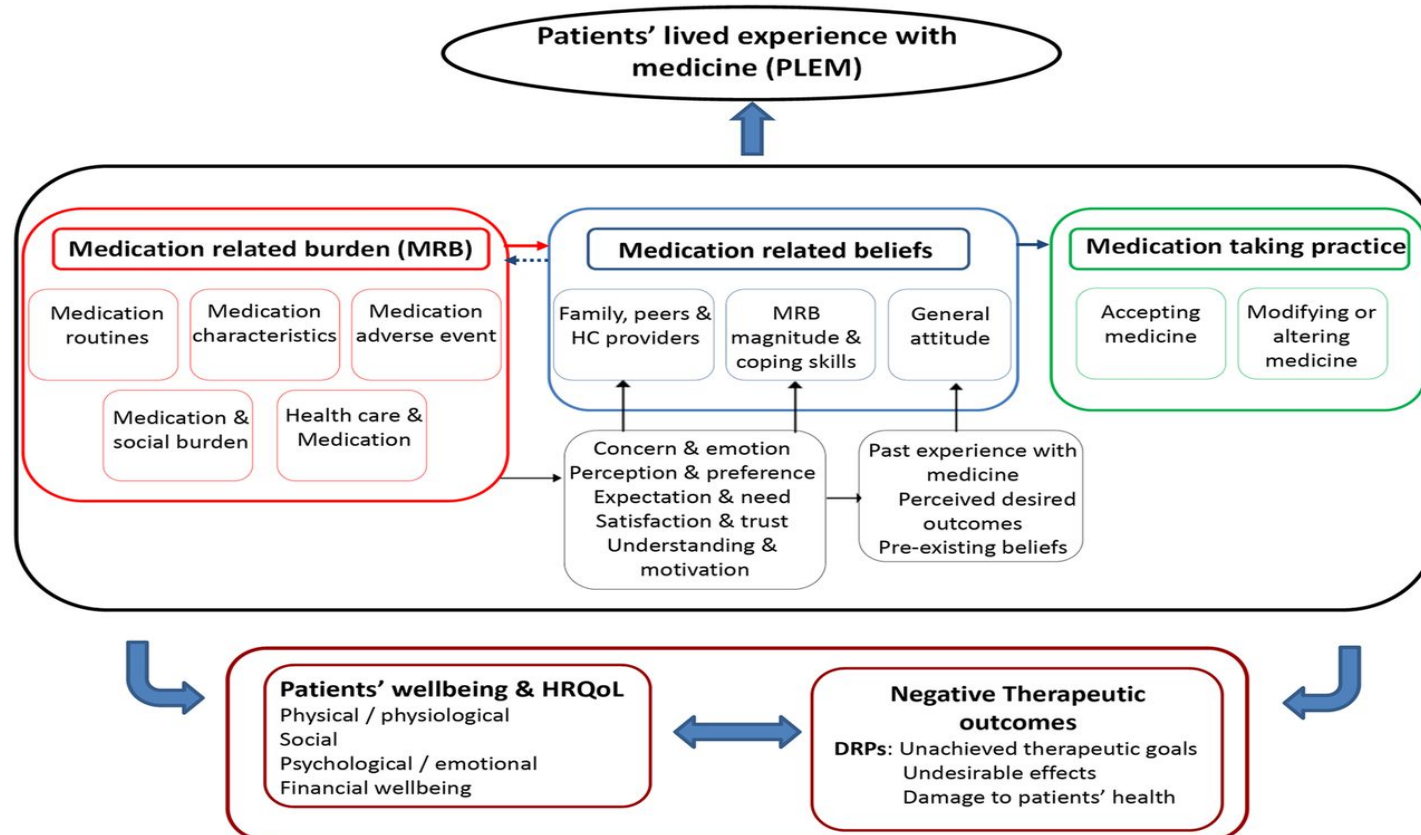
Entrustable Professional Activities make a stronger link to practice, but they still suggest completion – I am proficient enough to practice independently

But when describing what is a Physician many of the attributes are hard to deconstruct into competencies

A pharmacist can counsel a patient in a mechanical, impersonal way that satisfies a checklist

But, to be a professional who cares for patients, is surely more than this

Researching more into the Consultation



Abbreviations: DRPs= Drug Related Problems, HC = Health care, HRQoL= Health related quality of life

Our review suggests that sound medication therapy decisions cannot be made without good insight and attention to Patient Lived Experience with Medicines. Hence, actively exploring and engaging PLEM when making therapeutic decisions may help provide individualised care.

Mohammed MA, Moles RJ, Chen TF. BMJ Open 2016;6:e010035. doi: 10.1136/bmjopen-2015-010035



Experiential learning –learning in practice

Knowledge is ‘apprehended’ (captured) by (prepared) students

Concrete situations in which the evidence base is poor, lacking or contradictory, in which guidelines are of little help

Observing, noting & integrating all of the sensory & factual information during an encounter, particularly the unusual – useful skill for clinician and scientist

But these encounters are more than that – when someone is visibly unwell, when they ask for our help – we respond emotionally as well as cognitively

Experiential is about being there and doing – because in doing, we become

In caring for patients, in teaching & mentoring students, we are changed

What should be done?

- Continue to develop our Competency Frameworks
- Begin to identify, agree & develop Entrustable Professional Activities
- Re-examine Scholarship in academia
- Learn from other Health Care Professions & their educational practices

Meeting these challenges



Competency tools can be used for other purposes

- Objective Structured Clinical Examinations
 - Clear cut assessment, one or two elements
 - E.g. Counsel a patient receiving warfarin who must also take low dose aspirin
- OSCEs can be used as the basis for justifying actions and behaviours with a panel
 - Problem is not clear & more than one action is possible
 - Patient needs a treatment but expresses doubt about proceeding with it

Meeting these challenges



Scholarship - Academic writing

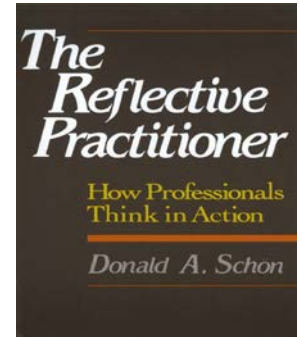
- Dissertation – extended piece of writing – Title – a question
- Reviewing & discussing the literature about pharmacy practice & health policy enables learning & the assessment of academic writing skills
- Writing to express meaning leads to understanding, to making sense of knowledge, organisation of a narrative
- Introduction, Discussion
- Conclusion
 - Written in the first person, this becomes a personal response to the evidence and opinions found in the literature
 - It is the student's answers to the question – I think this because

Meeting these challenges



Narratives & reflection

- The Reflective Practitioner by Schon
- 'Write a reflection on your experience- 200 words'
- Assessment checklists make this a mechanical exercise & it is over-used



Reflective writing should require students to,

- Consider and work out an issue, experience or perplexity
- Bring together previous experiences or knowledge in order to make sense of the perplexity
- Elucidate the experience with new knowledge
- Speculate and wonder about the meanings and implications of the experience and consider how they might use these understandings in the future

Fuks, Brawer, Boudreau, 2012. Persp. Med. Biol.



We can work around these challenges

Service in Society

- Apart from pharmacy experiences, other health care practices
- And especially other social environments, can provide opportunities for personal growth
- Pharmacy students are often, young, healthy, financially comfortable...

Diversity, such as other ethnic groups and immigrants...

Vulnerable people, such as the old who live alone, the disabled, the cognitively impaired...

These may evoke a response & enlarge the perspective of anyone

Pharmacy Is struggling

- To define its scope of practice, now
- And to be able to map out what its practice should be in the next 10 years
- And to define progression from entry level practitioner to advanced practitioner or to specialist practice
- We all sometimes doubt that we can do this, however...

da mi možemo



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Thank You



Go Raibh Maith Agaibh.

Havla Vam



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