Evaluation tools for identifying gaps in knowledge and practice:

Advantages and disadvantages of observational and non-observational tools

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Learning Objectives

- To discuss, experience, and critique assessment tools used in Queensland hospital pharmacy’s residency program.
- A tool to improve performance after assessment has occurred.
- To be able to explain advantages and limitations of these tools in a hospital pharmacy context.
Purpose

Share our tools and how we use them

Using your expertise
- Discuss application of learning theory when using these tools
- Discuss the benefits and limitations
- How they could be better
Context: Residency – first 2 years registered

Pharmacist Workforce Development - a continual journey of advancing development

- Approx Workforce numbers
- Stages of Advancing Practice
- Portfolio:
  - Education
  - Research
  - Management
  - Relationship
  - Leadership
  - Practice

Years: 1-4
- Undergraduate Training
- Foundation Training
- Residency
- Intern Training

- Stage 2: Advanced Consolidation
- Stage 1: Advanced Transition

Framework:
- ILF/TP
- ClinCAT/Foundation
- APPF = Adv Prac Curricula + performance development plan
Mini-Peer Assessment Tool (MiniPAT) - Gemma Woodruff

Feedback & action plan
Case-Based Discussion (CBD) – Karl Winckel
Improving Performance Action Plans (IPAP) tool – Vesa Cheng

- IPAP is a collaborative process between JMO, and supervisors
- Describes performance deficits and outlines strategies to resolve them
- This process is endorsed nationally
Clinical Competency Assessment Tool (ClinCAT) – Judith Coombes
15 minutes each scenario

- Group 1 – ClinCAT
- Group 2 – MiniPAT
- Group 3 – CBD
- Group 4 – IPAP
Group Discussion – Debrief & Closure

The team who finished on each scenario to lead feedback to group

- What have you found to be useful or difficult?
  - Benefits and Limitations

- Cool Tools list – share on padlet
Meet some new friends
Non-Observational: MiniPAT and IPAP

- Multi-source feedback (MSF), 360° assessment, team assessment of behaviour (TAB)
- Views obtained from a range of co-workers
- Structured form
- Self assessment
- Supervisor requests & collates scores & comments
- Anonymised feedback provided
- Focuses on professional skills and behaviours
## Non-Observational: MiniPAT and IPAP

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be quick and simple for assessors to complete</td>
<td>Uses resources of many staff</td>
</tr>
<tr>
<td>Comments and ratings are anonymised allowing honesty</td>
<td>Peers may not be able to judge highly technical or knowledge based competencies</td>
</tr>
<tr>
<td>Comparison of self vs colleagues perceptions</td>
<td>Feedback on areas for development may be difficult to interpret by recipient and or facilitator</td>
</tr>
<tr>
<td>Add to pharmacist’s portfolio</td>
<td></td>
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</tbody>
</table>
Observational: CBD and ClinCAT

- Observation based and then documented feedback based on this
- Structured
- Self-assessment (for ClinCAT)
- Written feedback from one supervisor/evaluator
- Can be used to link tools together
- Focus on skills, knowledge, process & professional attributes
Observational: CBD and ClinCAT

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Structure &amp; clarity</td>
<td>o Uses resources of staff- offline for meeting</td>
</tr>
<tr>
<td>o Identify goals and a pathway</td>
<td>o Training &amp; evaluation time</td>
</tr>
<tr>
<td>o Portfolio can be continued with continued</td>
<td>o Mentors and line managers may not be able to judge</td>
</tr>
<tr>
<td>development</td>
<td>evidence they have not observed</td>
</tr>
<tr>
<td>o Good summary- reflect on achievements</td>
<td>o Identification of requirements may be overwhelming</td>
</tr>
<tr>
<td>(morale)</td>
<td>o Commitment to training &amp; improvement</td>
</tr>
<tr>
<td>o Document can be used to discuss planning</td>
<td>o Individual &amp; department</td>
</tr>
<tr>
<td>o Real (not theoretical)</td>
<td></td>
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</tbody>
</table>
## Comparison of assessment tools

<table>
<thead>
<tr>
<th>Method</th>
<th>Knows</th>
<th>Knows how</th>
<th>Shows how</th>
<th>Does</th>
<th>Limitations</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClinCAT</td>
<td>±</td>
<td>±</td>
<td>++</td>
<td>++</td>
<td>Time consuming Not all scenarios covered</td>
<td>Can observe performance with stressors</td>
</tr>
<tr>
<td>CBD</td>
<td>+</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>All from presenters perspective</td>
<td>Instant feedback</td>
</tr>
<tr>
<td>MiniPAT</td>
<td>-</td>
<td>-</td>
<td>±</td>
<td>+</td>
<td>All must buy in to confidentiality</td>
<td>Assessment of behaviour, predicts future performance</td>
</tr>
<tr>
<td>IPAP</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+++</td>
<td>Influenced by relationships Resource intensive</td>
<td>Closes the loop to influence future performance</td>
</tr>
</tbody>
</table>
Closing

- Take home messages

- Additional information
  - [https://padlet.com/karlwinckel/LLLevaluationtools](https://padlet.com/karlwinckel/LLLevaluationtools)
Cambridge Model of performance

Rethans 2002