USE OF RECOGNITION OF PRIOR LEARNING IN A PHARMD BRIDGING PROGRAM

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Rosemary Killeen, BScPhm, PGCert, RPh
Director, Distance Education & Continuing Professional Development
University of Waterloo School of Pharmacy
LEARNING OUTCOMES

- Discuss basics of assessment in recognition of prior learning (RPL)
- Assess applicability of specific high stakes assessment and training practices for your courses and programs
- Interpret interim results from a customized RPL program used in a PharmD bridging program for BScPhm graduates
- Determine if RPL can be successfully integrated into a course or program
ACKNOWLEDGEMENTS

- Co-authors
  - Dr. Nancy Waite, Associate Director, Clinical Education
  - Debbie Ellen, Experiential Coordinator – Bridging

- Disclosures
  - None
WATERLOO PHARM D BRIDGING PROGRAM

- Available to 4 cohorts of UW BScPhm grads

- Alternative path to Entry-Level PharmD (2 + 4 program with 3 X 8 week rotations in final year)

- Desire for flexibility, suitability for working professionals
RECOGNITION OF PRIOR LEARNING (RPL)

- RPL is a process used to systematically validate skills, knowledge and abilities, whether acquired through work, life experience or formal training, giving credit for this learning or competency acquisition\(^1\)

- Also/previously known as prior learning assessment and recognition (PLAR)
RPL – GOALS

- Identification of learning, wherever it has taken place
- Demonstration of validity and appropriateness of the learning
- Matching learning outcomes to those stated within a chosen accreditation or progression framework
- Assessment of evidence against pre-determined criteria to ensure validity of claimed learning
- Accreditation within an appropriate and recognized framework
RPL IN WATERLOO PHARMD BRIDGING PROGRAM

- Why?
  - to award academic credit for clinical competencies acquired since graduation
RPL IN WATERLOO PHARMD BRIDGING PROGRAM

How?

- Canadian Association of Prior Learning Assessment launched a new quality assurance manual for RPL in Canada in 2015
- Reference for assessment methods, ongoing QA initiatives
- Basis for much of our post-graduation survey
# ASSESSMENT IN RPL

<table>
<thead>
<tr>
<th>Principle/Requirement</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validity</td>
<td>Does assessment tool measure what it’s intended to measure? Does the learning/evidence relate to the learning outcome?</td>
</tr>
<tr>
<td>Reliability</td>
<td>The consistency and repeatability of a measure. The likelihood of a candidate obtaining a similar result on same or equivalent assessment tool, regardless of assessor.</td>
</tr>
<tr>
<td>Fairness</td>
<td>The absence of bias, equitability of treatment of applicants during testing process, equality of testing outcomes of subgroups.</td>
</tr>
<tr>
<td>Sufficiency</td>
<td>Is this enough evidence to provide conclusive proof?</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Did the learner produce this work?</td>
</tr>
<tr>
<td>Currency</td>
<td>Are knowledge and skills up to date?</td>
</tr>
</tbody>
</table>
Assessment must clearly define competencies, using measurable criteria

Content or subject matter experts, current in their own knowledge

Assessment must be at level of regular learners (shouldn’t expect higher standards)
RPL ASSESSMENTS IN PHARM 497

- Clinical experience portfolio
- Written case submissions
- Oral defense sessions
  - Students are evaluated at a level consistent with the fourth year undergraduate PharmD (Entry Level PharmD) students at the end of their third clinical rotation
- Other possible assessment methods not utilized: written examinations, OSCEs, skills demonstrations, workplace validations by supervisors, award evaluations²
RPL ASSESSORS

- Registered clinician, at least 5 years practice experience
- Significant preceptor experience
- NOT a Waterloo Pharmacy graduate (to avoid conflict of interest)
- Mandatory training, both individual and group
- Paid – flat rate per assessment element graded

- Total pool – 88, including Senior Assessors
- Matching for practice site/therapeutic area focus
#PHARM 497 RESULTS TO APRIL 2018#

<table>
<thead>
<tr>
<th>April 2018</th>
<th>n=145</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3 (Highest)</td>
<td>81</td>
<td>56</td>
</tr>
<tr>
<td>Level 2</td>
<td>61*</td>
<td>42</td>
</tr>
<tr>
<td>Level 1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Failure</td>
<td>1</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

*compiled results from 8 terms of offer
*includes 8 students who achieved grade for Level 3 competence, but missing a site exposure
INTERIM STUDY RESULTS

- University of Waterloo Ethics Committee approved survey of students and stakeholders
- Mixed methods approach
- Measuring student and stakeholder understanding and satisfaction
  - RPL process
  - Communications
  - Career impact
INTERIM STUDY RESULTS

- Do you feel the RPL process adequately assessed student ability?

<table>
<thead>
<tr>
<th></th>
<th>Stakeholders n=29</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>65.5</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>34.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Students n= 40</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>57.5</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>42.5</td>
</tr>
</tbody>
</table>
INTERIM STUDY RESULTS

- Would you have preferred 3 mandatory clinical rotations instead of RPL?

<table>
<thead>
<tr>
<th></th>
<th>Students n=41</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>No</td>
<td>37</td>
<td>90.2</td>
</tr>
</tbody>
</table>
INTERIM STUDY RESULTS (STUDENT QUOTES)

- “Looking back, I like all the cases I wrote up – lots of variety! I am proud of them. I love the recognition of prior learning. It’s great!!!”

- “The Bridging program was very comprehensive, detail-oriented, but also made us look at the ‘big picture’...I feel like I know even more than I did before, even though it involved proving what I already know, it does impact your practice. It improved my confidence and professional documentation...I was confident enough to apply for a hospital position and I am now working in hospital.”

- “It is a fair way to assess and recognize prior learning. I was skeptical, but the guideline for providing evidence and the assessment outcomes were provided and proved fair.”

- “There was absolutely nothing useful or enjoyable about this course.”

USE OF RPL IN A PHARMD BRIDGING PROGRAM

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GENERAL CHALLENGES

Communicating the “nuts & bolts” of RPL

- It’s a point in time, indirect assessment
- Case submissions as an academic assignment
- Significant work load
- Appropriate assessment level
- Expectations (square peg/round hole)
“People need to be reminded more often than they need to be instructed.

- Samuel Johnson
CHALLENGES IN OUR RPL APPLICATION

- Students practising in setting where we would be unlikely to place a fourth year student on an Entry-Level PharmD rotation
- Pharmacy is a small world
- Inter-rater reliability
- Difficult to provide a “sample” case
- Resource-intensive process...expensive to administer
RPL SUCCESSES

- Extraordinary level of support, both internally and externally
- Overall, rewarding and interesting program
- Developed expertise in a unique area, which is now promoted by our provincial education ministry
- Average student has their work assessed by 13 different assessors

- Fantastic group of trained assessors
- Assessment training and process promoted as CPD for assessors
- Transferrable resources
- Positive feedback from students and assessors
DISCUSSION
LESSONS LEARNED

- Offer RPL as an option (CAPLA QA*)
- Balance between large assessor pool for variety of expertise vs consistency of assessment
- Define ideal class/group size
- Development of internal & external expertise
- Implementation of QA process is key
- Keep the big picture in mind
- Can never be enough communication
OVERALL BRIDGING PROGRAM RESULTS

<table>
<thead>
<tr>
<th>Admitted</th>
<th>N=244*/418 eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed after PHARM 497 (Level 3)</td>
<td>81</td>
</tr>
<tr>
<td>Completed after PHARM 498 (Level 2)</td>
<td>47</td>
</tr>
<tr>
<td>Completed after PHARM 499 (Level 1)</td>
<td>2</td>
</tr>
<tr>
<td>Did not complete/withdrawn</td>
<td>28</td>
</tr>
<tr>
<td>Actively enrolled</td>
<td>86</td>
</tr>
</tbody>
</table>

*Extensions granted – 27

Total degrees granted to date = 130
ACKNOWLEDGEMENTS

- Dr. Eric Schneider, Stephanie Chiu, Dr. Mary Power, Elaine Lillie, Ann Pedersen, Dr. Mario Coniglio, Dr. Monika Nuffer
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- Cathlene Hilliers, Gokul Raj Pullagura, Emily Milne
REFERENCES


rosemary.killeen@uwaterloo.ca

@rosemarykilleen