“Why implement a structured competency and portfolio based performance development program - when an OSCE will do?”

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Overview

• Background to Accredited Foundation Residency in Australia

• Background to evaluation techniques and tools

• Pros and cons from perspective of managers and residents
Objectives

• To explore the perceptions of a structured residency program, to identify what did and did not contribute to individuals’ development
  • 3 Metro North hospitals, 900 bed, 650 bed, 400 beds
  • From perspective of 4 Residents at RBWH from year 1 (2016), 6 from year (2017)
  • From perspective of department managers
    • Directors, Assistant directors, Educators
## Background to workforce development RBWH

<table>
<thead>
<tr>
<th></th>
<th>4 month rotation 1</th>
<th>Rotation 2</th>
<th>Rotation 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLF/ Clin CAT</td>
<td>1-2 months</td>
<td>1-2 Months</td>
<td>1-2 months</td>
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<tr>
<td>Mini CEX</td>
<td>Month 4</td>
<td>Month 4</td>
<td>Month 4</td>
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<tr>
<td>CBD</td>
<td>1 per block</td>
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<tr>
<td>Attend SHPA clinical Seminar</td>
<td></td>
<td>1 per year</td>
<td>1 per year</td>
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<tr>
<td>Mini- PAT (360)</td>
<td></td>
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<td>1 per year</td>
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- +ve Feedback 1:1 speed dates:
  - High level support for education, training, feedback, rotations, development
- Achievements of above goals
  - Approximately 50% of intended
Formalized Foundation Residency Program

• 2017 SHPA implemented Foundation Residency program
• Facilitate development cohort competent general level pharmacists
• A structured, formalised, supported and accredited national two-year residency program.
•Residents demonstrate their advancement through a portfolio of practice based experiential training, that acknowledges that a residency is a practice-based training program.
• No Designated PASS/FAIL component
## Evaluation and assessment matrix*

<table>
<thead>
<tr>
<th>ADVANCED PHARMACY PRACTICE FRAMEWORK: Domains and competencies</th>
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</thead>
<tbody>
<tr>
<td><strong>DOMAIN 1: Expert professional practice</strong></td>
</tr>
<tr>
<td>1. Acquire expert knowledge &amp; skills</td>
</tr>
<tr>
<td>2. Use reasoning &amp; judgement</td>
</tr>
<tr>
<td>3. Demonstrate accountability &amp; responsibility</td>
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<td>4. Use professional autonomy</td>
</tr>
<tr>
<td><strong>DOMAIN 2: Professional and Ethical Practice</strong></td>
</tr>
<tr>
<td>1. Apply and monitor standards of practice</td>
</tr>
<tr>
<td>2. Contribute to CPD of self &amp; others</td>
</tr>
<tr>
<td><strong>DOMAIN 3: Communication, Collaboration &amp; Teamwork</strong></td>
</tr>
<tr>
<td>1. Use appropriate communication skills</td>
</tr>
</tbody>
</table>

*Utilize range validated tools and T & L processes*  

| ClinCAT (start & end of first rotation, then once each subsequent rotation) | mini-CEX (monthly per clinical rotation) | 360/Peer Review/Mini-PAT (once per rotation) | Case-based discussion (multi-disciplinary or inservice) | Case study or Practice Based discussion (internal-identified from reflective log) | Reflective log (at least 3 reflections per rotation) | Testimonials (prn where relevant) | Direct observation of practice (for operational rotation- monthly) | Performance Plan (per rotation) | CPD plan (Annual) | QI project/Audit-LONGITUDINAL (with risk management approach) |
|---------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| X                                                                         | X                                      | X                                           | X                                                      | X                                                                               | X                                             | X                                            | X                                                                       | X                                           | X                                                   | X                                                                  |

*Extract from Evaluation and Assessment matrix showing only 3 out of total 5 Domains*
Discussion:
Feedback Mark 1:

Feedback as ‘Telling’
A system of inputs and outputs.

Activity 1 → Information to student → Activity 2 → Information to student → Activity 3

Feedback Mark 2:

Active role of students in eliciting, processing and using feedback

Methods

• 10 pharmacists presented portfolios to a panel of 6 senior pharmacists.

• Following presentations structured feedback was sought from:
  • Residents:
    • focus group with structured open questions
    • process of using structured learning objectives
    • continual performance assessment and feedback
    • portfolio to evaluate competence and opportunity for development.
  • Educators, assistant director and directors of the residency sites in HHS + external assistant Director of Pharmacy
Results - 1

• Residents;
  • Initially felt the workload onerous,
  • In hindsight much of the work could be completed as part of daily role.
  • All residents saw the value for self and peer evaluation as well as receiving feedback to assist in a continual development plan.
  • Perceptions were mixed regarding the value of competency-based performance development tools
  • Dependent on the process and attitude of the evaluator
  • Agreed actions (documented in 80% cases, less 50% completed)
Results 2: Feedback on Portfolio process

• Enjoyed:
  • The panel was good, appreciate the different opinions
  • Opportunity to discuss pieces of evidence and receive advise on how to move forward eg projects
  • Liked relaxed environment, helpful discussion surrounding portfolio and improvements. Evaluators very engaged and supportive
  • Helping ID gaps in portfolio
  • Feedback and roundtable discussion
  • Being able to show all work I have done over the year
  • Thought would be very daunting – it wasn’t!

• Leas enjoyed:
  • Discussing +ve feedback without sounding over confident
  • Preparing for the review was daunting as did not know what to expect
  • Very time consuming putting together the portfolio – easier now have worked out structure
Results - 3

• One site persisted with Objective Structured Competency Examination (OSCE) as an assurance of pharmacists ability
• Residents felt that an exam such as a OSCE simulated would be of less value than a portfolio evaluation.
  • “why use scenarios when we are being evaluated with real patients in real workplaces?”
Comments of Managers

• We need to know people show they can do the core activities at the end of 2 years, the portfolio doesn’t really tell you that - SITE 1

• But at the end of the day it is what the pharmacists Do that impact on patient care – Site 2 and 3
Conclusion

• The first year of running the residency allowed a quality assurance of local workforce development processes.

• Feedback identified that a portfolio using evidence from the workplace was more desirable than an oral exam, to evaluate what pharmacists “do” rather than showing what they “could do”.