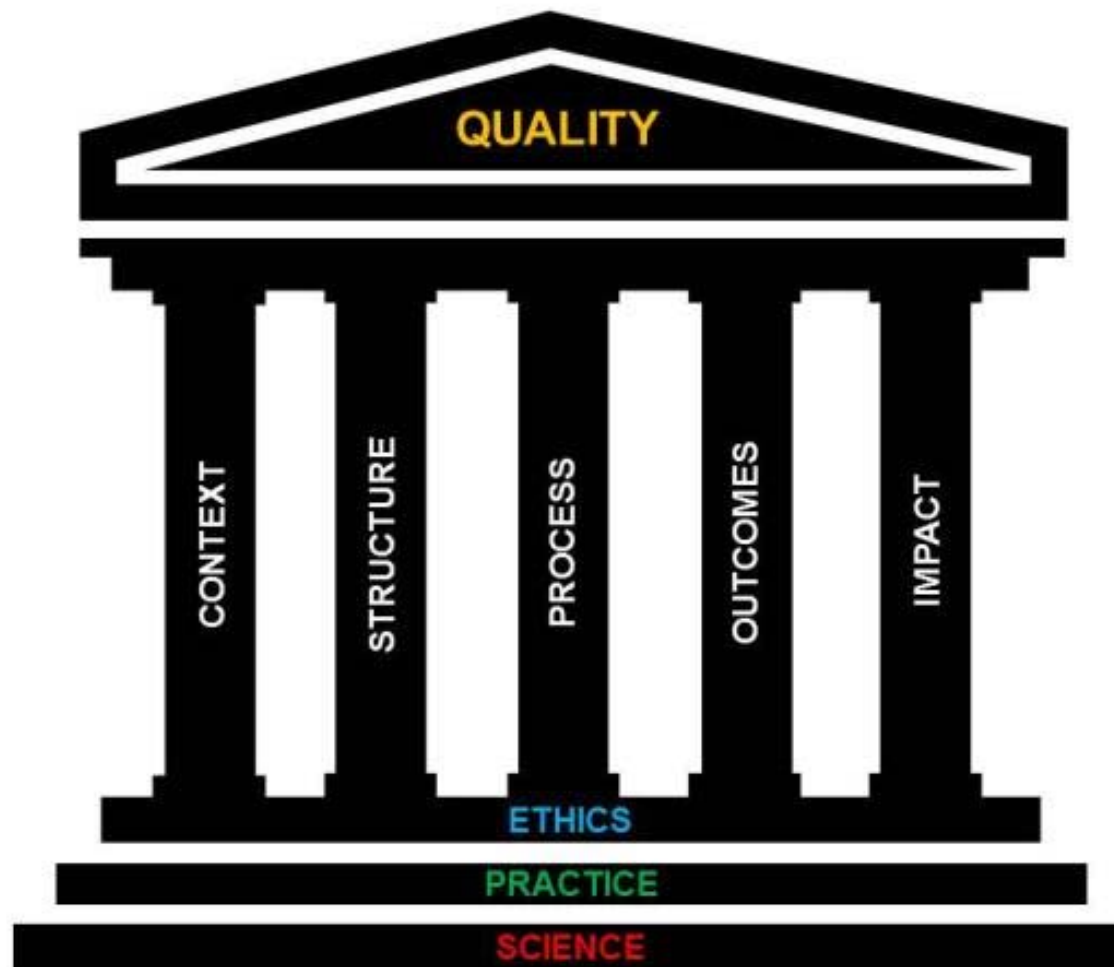


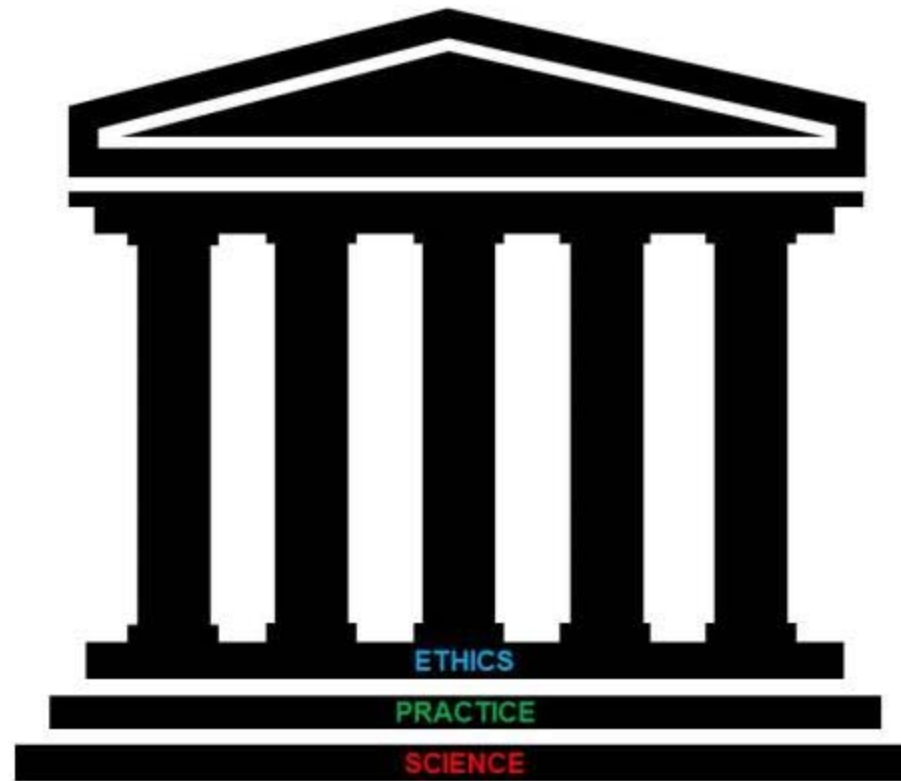


## Pharmacist competencies assessment and development – Where to start?

# + Pillars of Quality in Pharmacy Education



# + Foundations of Quality



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- Science – base for knowledge
- Practice – base for experience and skills
- Ethics – base for attitudes and values

} **competency**

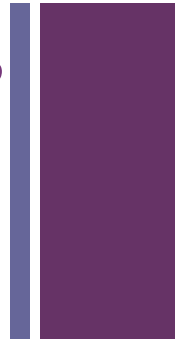




- Asthma control clinic
- Metabolic syndrome risk assessment
  - Smoking cessation
  - Medication review
- Depressive disorders
  - Warfarin clinic
- Diabetes management



# + Translation of new knowledge and skills into practice

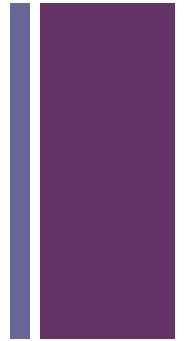


- Spectacular gains in the breadth and depth of biomedical knowledge
- Potential of these gains has been limited by inadequate, inequitable, and inefficient **translation of knowledge and skills** to the health care workplace
- Needed transformations in education and practice will not come at the desired rate without **new approaches** and **commitment to change** from all stakeholders (educators, practitioners, regulators, policy makers, those responsible for assuring educational quality)

❖ Dorman T, Miller BM. Continuing Medical Education: The Link Between Physician Learning and Health Care Outcomes. *Academic Medicine*. 2011; Vol. 86 No.11.



# + New models for continuing education needed



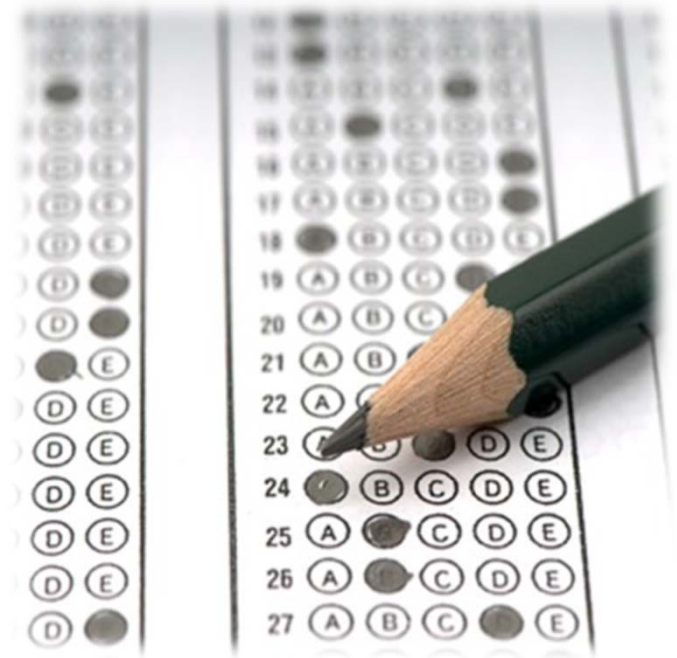
- Calls for radical changes in the models for continuing education of health professionals
- CPD approach for self-directed lifelong learning (LLL) offers significant improvement over traditional approaches
- Application in daily practice



- ❖ Institute of Medicine. Redesigning Continuing Education in the Health Professions. National Academies Press, Washington, DC. 2009.
- ❖ McConnell KJ, Delate T, Newlon CL. Impact of continuing professional development versus traditional continuing pharmacy education on learning behaviors. JAPhA. 2012;52(6):742-752.
- ❖ Legreid Dopp A, Moulton JR, Rouse MJ, Trewet CB (2010). A five-state continuing professional development pilot program for practicing pharmacists. AJPE. 2010; Volume 74, Issue 2, Article 28.

# + Assuring quality

- Quality assurance systems must ensure that educational programs and activities:
  - ✓ are **competency-based**
  - ✓ reflect a vision for pharmacy practice and education developed through profession-wide consensus
  - ✓ are of high quality and appropriate
  - ✓ meet the needs of the country and its people



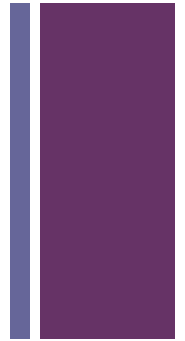


## + How to identify the needs...?

- Pharmacists' actual performance and **competencies** in practice should be assessed
- Assessment should not be based on the acceptance of the expected standards of conduct in principle, but the alignment of the pharmacist's **attitude and real behavior in practice**
- Observe the **circumstances** that could lead to possible discrepancies, omissions, and inconsistencies in providing pharmaceutical care and other services
- Make **conclusions and plans** for the future development

- ❖ Wass V, Van der Vleuten C, Shatzer J, Jones R. Assessment of clinical competence. Lancet 2001(9260); 357: 945–949.
- ❖ Meštrović A, Staničić Ž, Ortner Hadžiabdić M, Mucalo I, Bates I, Duggan C, Carter S, Bruno A, Košiček M. Individualized Education and Competency Development of Croatian Community Pharmacists Using the General Level Framework. Am J Pharm Educ 2012; 76 (2): 25.

# + What gets measured, gets done!



- What's **measurable**, gets measured!
- An **individualized educational plan** to develop a pharmacist's competencies can be tailored, documented and evaluated using a **learning portfolio**, and enhanced by **commitment to change**
- **Correlate** the intervention with outcomes and impact
- **Providers and learners** must evaluate outcomes



- ❖ Rouse MJ. Continuing professional development in pharmacy. Am J Health-Syst Pharm 2004; 61: 2069-2076.
- ❖ Wakefield J, Herbert C, Maclure M. Commitment to change statements can predict actual change in practice. JCEHP. 2003; 23 (2): 81-93.
- ❖ Wakefield J. Commitment to change: exploring its role in changing physician behavior through continuing education. JCEHP. 2004; 24:197-204.

## PRACTICE EXERCISE:

### How confident are you?

FIP Global Competency Framework: List of Competencies

- **PHARMACEUTICAL PRACTICE AND PUBLIC HEALTH COMPETENCIES**

- HEALTH PROMOTION
- MEDICINES INFORMATION AND ADVICE
- ASSESSMENT OF MEDICINES
- COMPOUNDING MEDICINES
- DISPENSING
- PHARMACOTHERAPY
- MONITOR MEDICINES THERAPY
- PATIENTS CONSULTATION AND DIAGNOSIS

- **ORGANIZATION AND MANAGEMENT COMPETENCIES**

- BUDGET AND REIMBURSEMENT
- HUMAN RESOURCES MANAGEMENT
- IMPROVEMENT OF SERVICES
- PROCUREMENT
- SUPPLY CHAIN AND MANAGEMENT
- WORK PLACE MANAGEMENT

- **PERSONAL AND PROFESSIONAL COMPETENCIES**

- COMMUNICATION SKILLS
- CONTINUING PROFESSIONAL DEVELOPMENT
- LEGAL AND REGULATORY PRACTICE
- PROFESSIONAL AND ETHICAL PRACTICE
- QUALITY ASSURANCE AND RESEARCH ON THE WORKPLACE
- SELF MANAGEMENT





## **PRACTICE EXERCISE:**

1. I am not confident in this area at all
2. I would like to be more confident in this area and would benefit from further education and/or training
3. I am confident in this area but I am interested in advancing my knowledge and skills
4. I am confident of my knowledge and skills in this area and have no current learning needs or interests

Choose one competency in  
which you would like to  
be more confident in the future!





Select one of the 20 Competency Areas in which you identified 1, 2 or 3 in your self assessment

COMPETENCY	
	Describe how you would like to develop yourself and what you would like to learn or change in this area?
KNOWLEDGE	
SKILLS	
ATTITUDES	
VALUES	



# + Global Competency Framework

- GbCF is a tool that allows for the defining, **measuring, and developing** competencies
- **Four competency domains:**
  - Pharmaceutical Care
  - Pharmaceutical Public Health
  - Organization and Management
  - Professional/Personal

Bruno A, Bates I, Brock T, Anderson C. Towards a global competency framework. Am J Pharm Educ 2010; 74(1): 3.



# Excellence in patient care

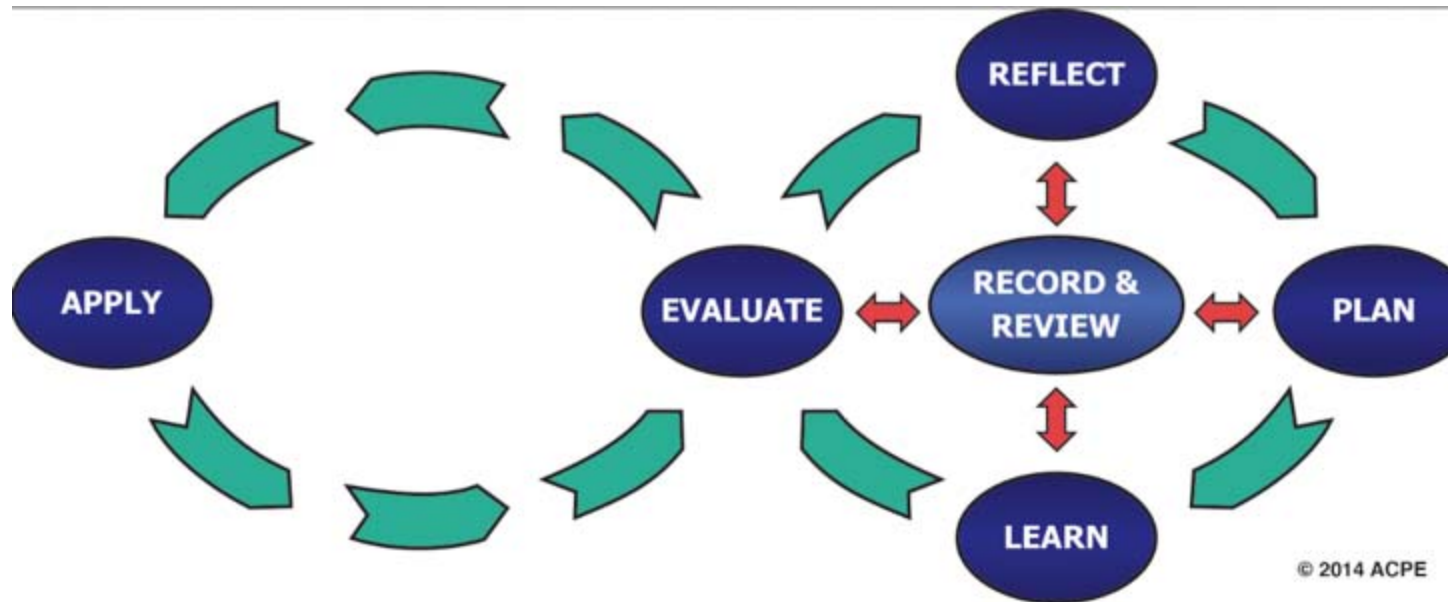


**Competence is the ability of pharmacists based on his knowledge and experience to make the right decision in favor of his patient, and that patient, physician and other colleagues in pharmacy practice achieve professional and effective relationship.**

❖ Council on Credentialing in Pharmacy. Credentialing in Pharmacy. Am J Health Syst Pharm 2001; 58: 69-76.

# Continuing Professional Development

- self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice
- it involves the process of active participation in formal and informal learning activities that assist in developing and maintaining competence, enhancing professional practice, and supporting achievement of career goals. The CPD approach is cyclical in nature where each stage of the process can be recorded in a personal learning portfolio. (ACPE)



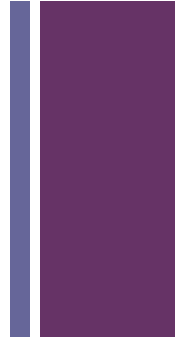


# Competency development



+

No competency development  
without engagement





# Tailored education and competency development

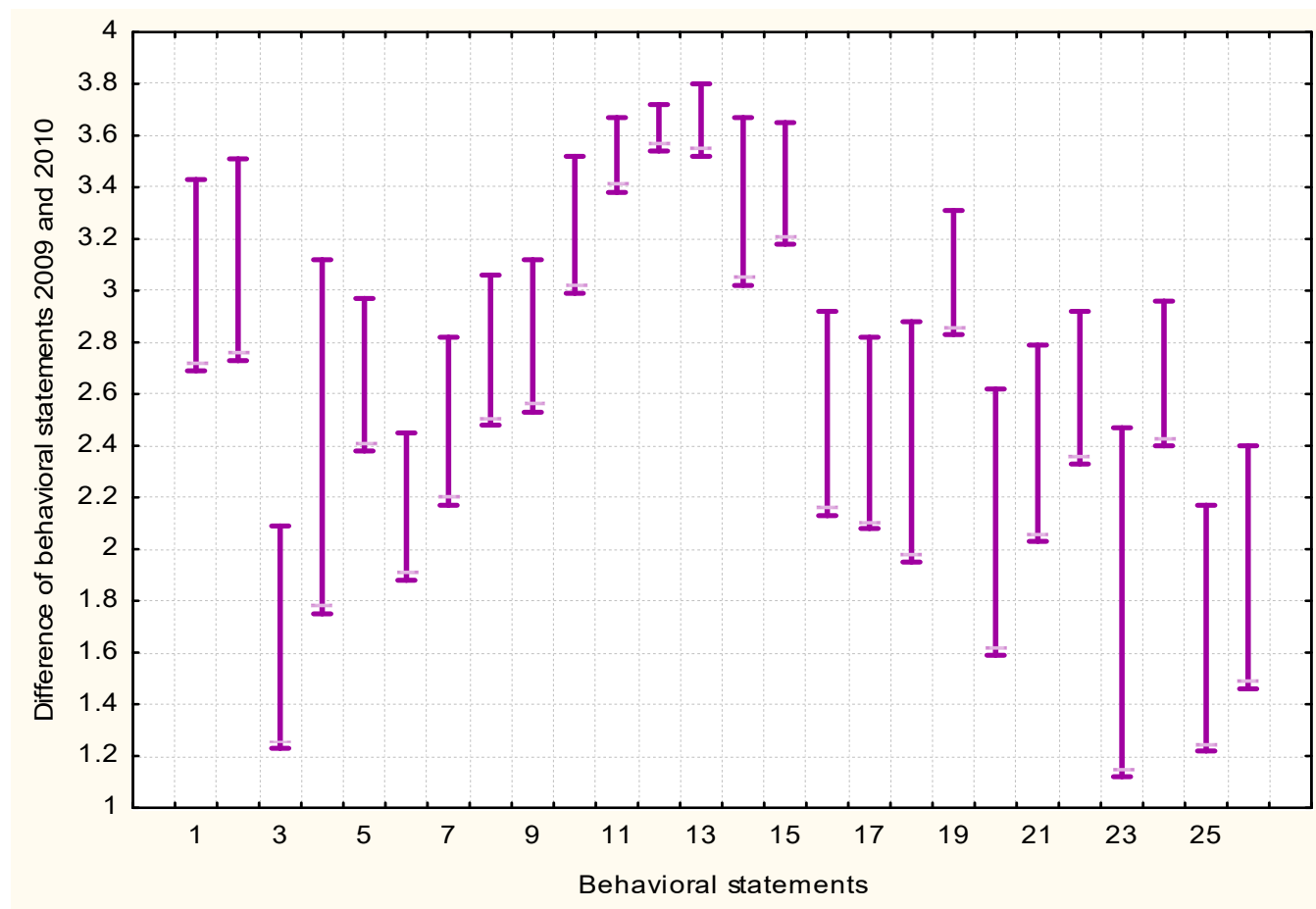


Meštrović A, Staničić Ž, Ortner Hadžiabdić M, Mucalo I, Bates I, Duggan C, Carter S, Bruno A, Košiček M. Individualized Education and Competency Development of Croatian Community Pharmacists Using the General Level Framework. *Am J Pharm Educ* 2012; 76 (2): 25.

# Interpretation of the results



# Competency development



- ✓ counseling patients
- ✓ monitoring drug therapy
- ✓ information drugs
- ✓ patient Education
- ✓ monitoring of treatment outcomes

Meštrović A, Staničić Ž, Ortner Hadžiabdić M, Mucalo I, Bates I, Duggan C, Carter S, Bruno A, Košiček M. Individualized Education and Competency Development of Croatian Community Pharmacists Using the General Level Framework. Am J Pharm Educ 2012; 76 (2): 25.

# Discovering the background

- in assessing competence, the standard is monitored not only in principle, as formal acceptance to the expected standards of behavior, but compliance attitudes and actual behavior of pharmacists in practice.
- It may reveal the circumstances that lead to the possible non-compliance, and make conclusions and plans for future development of competencies.



# Assessor

- Horizontal type of authority over the participants
- Experience in practice
- Educated and trained
- Expected or unexpected visits
- Visible or hidden
- Known or unknown
- Self-assessment?
- More than one assessor?



Why it is the best to be assessed by a  
colleague?



Pharmaxpert



# Methods

- structured observation of the participants in community pharmacies during regular working hours (**shadowing**)
- 1 or more visits (3-4 hours)
- using the behavioral statement **checklist** a rating scale
- video or audio **taping** could be used
- **interaction** between the assessors and participants
- **feedback** reserved until the assessment was completed



# Rating



- When the observation is complete, the assessor **records a rating** (1-4) for each competency or behavioral statement
- Pharmacists are immediately **informed** of their performance ratings and asked by an assessor to **confirm** the level of every behavioral statement before the final rating
- Usual **changes** are made concerning the following behavioral statements: drug history, drug-drug interactions, and recording consultation

# Challenges?

- The first time that this type of investigation is conducted
- Some pharmacists felt uncomfortable, which surely resulted in some deviations from their regular behavior
- During assessment, some pharmacists could express **lack of motivation** for developing some competencies or services
- Following the **path of least resistance** and taking a minimalist approach is often mentioned



# Global Advanced Level Framework

1. Expert Professional Practice
2. Building Working Relationships
3. Leadership
4. Medicine therapy Management
5. Education, Training & Development
6. Research & Evaluation
7. Quality Assurance
8. Interprofessional Education and Collaboration

# Competency limitations and borders

- The pharmacist will not deal with the diagnosis, but can take pharmacological history
- The pharmacist will not change the regimen, but can detect the DRP
- The pharmacist shall not suspend the therapy but can detect and report side effects and check interactions
- The pharmacist will not suggest, but can explain other options and ways of treatment



## To be reminded .....

- Competency in pharmacy is the individual ability to **make deliberate choices from a repertoire of behaviors** for handling situations and tasks in specific contexts of professional pharmacy practice by using and **integrating knowledge and personal values**, in accordance with professional role and responsibilities

Govaerts MJB. Educational competencies or education for professional competence?  
*Med Educ.* 2008;42:234–236.



## To be aware ....

- ✓ A pharmacist's performance is a clear indicator of professional competency, which in turn has a direct influence on patients' outcome and safety.
- ✓ Clarity of standards, personal control, and professional duty is significantly related to pharmacist responsibility for drug therapy outcomes.
- ✓ In order to improve their patients' health, pharmacists need to be competent in their daily work, regardless of the practice setting, country, or culture.

+ Questions?



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## Pharmacist competencies assessment and development – Where to start?