

Appendix 1: Assessment Tools

Information on how to use these tools is available on www.codeg.org. Some will need to be adapted for use in Primary Care and Community Pharmacy

Self mini-PAT (Peer Assessment Tool)

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Surname

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Forename

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User Number:

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Please grade the following areas using the scale**:	Below expectations for GLF completion	Borderline for GLF completion	Meets expectations for GLF completion	Above expectations for GLF completion	U/C*		
Delivery of Patient Care							
	1	2	3	4	5	6	7
1 Patient consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Need for drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Selection of drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Drug specific issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Provision of drug product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Medicines information and patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Monitoring drug therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Attributes							
8 Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Effective Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1: Assessment Tools

Problem-solving							
12 Gathering Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Analysing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Providing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Overall, how do you compare yourself to a pharmacist ready to complete GLF training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you feel unable to comment. ** Guidance on ratings are on page 95

<p>Assessors Name:</p> <p>Assessors Position:</p> <p>Date:</p> <p>Assessors Signature:</p> <p>Anything going especially well?</p>	<p>Please describe any areas that you think you should particularly focus on for development:</p>
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Your Signature:..... Date: / /

Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Pharmacist Surname

Forename

User Number:

Clinical setting: A&E OPD In-patient Acute Admission GP Surgery

Patient Type: CoE Medical Surgery Orthopaedic Paediatric Critical

Care

New or FU: New FU Focus of clinical History Pharm. Management Discharge

Planning

 encounter:

Complexity of Low Average High Assessor's Consultant Specialist

PT.

case: position:

Number of previous mini-CEXs observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Please grade the following areas using the scale**:	Below expectations for GLF completion		Borderline for GLF completion	Meets expectations for GLF completion	Above expectations for JGLF completion		U/C*
Delivery of Patient Care							
1 Patient consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Need for drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Selection of the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Drug specific issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Provision of drug product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Medicines information and patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving							
8 Gathering information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Analysing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment. ** Guidance on ratings are on page 95</p>						
Anything especially good?				Suggestions for development		
Agreed action:						

Highly Not at all

Trainee satisfaction with mini-CEX 1 2 3 4 5 6 7 8 9 10

Assessor satisfaction with mini-CEX 1 2 3 4 5 6 7 8 9 10

Have you had training in the use of this assessment tool?:

No
 Yes: Written Training
 Yes: Face-to-Face
 Yes: Web/CD rom

Time taken for discussion: (in minutes)

Assessor's Signature:
.....

Date: / /

Assessor's Surname

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Case-based Discussion (CbD)

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Pharmacist Surname

Forename

User Number:

Clinical setting:
 Surgery A&E OPD In-patient Acute Admission GP

Patient Type
 Care CoE Medical Surgical Orthopaedic Paediatrics Critical

Focus of clinical
 Professionalism
 encounter: Assessment of Drug therapy Management of Pharmaceutical Issues

Complexity of
 case: Low Average High Assessor's
 position: Consultant Specialist PT

Please grade the following areas using the scale**:	Below expectations for GLF completion		Borderline for GLF completion	Meets expectations for GLF completion	Above expectations for GLF completions		U/C*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 Pharmaceutical Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Treatment Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow-up / monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you have not observed the behaviour and thus feel unable to comment. ** Guidance on ratings are on page 95

Anything especially good?

Suggestions for development

Agreed action:

		Highly											Not at all							
Trainee satisfaction with Cbd	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
Assessor satisfaction with Cbd	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>

Have you had training in the use of this assessment tool?:

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Face-to-Face	Time taken for discussion: (in minutes)
<input type="checkbox"/> Yes: Have Read Guidelines	<input type="checkbox"/> Yes: Web/CD rom	

Assessor's Signature:

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Assessor's Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The rating scale for the Mini-CEX, Mini-PAT and CBD

The rating scale should be viewed as a continuum, from 1-6.

1 is the worst and 6 is the best. When choosing a point on the scale for each descriptor, decide how well the pharmacist is performing compared to a pharmacist of similar experience who is ***“meeting your expectations”***.

Significantly below

Performs poorly; very rarely meets the standard expected

Below

Performs poorly; meets standard required occasionally

Borderline

Performs satisfactorily; with appropriate support and direction should *meet expectations*

Meets expectations

Performs well and to the standard expected of a pharmacist with a similar level of experience

Above

Performs to a standard higher than what you would expect from a pharmacist with a similar level of experience

Significantly above

Performs to an excellent standard; student is ahead of his/her peer group

U/C

Unable to comment, as performance not observed whilst s/he was here