

Multi-Source Feedback (MSF)

The description and documentation described below is applicable to work-place based assessment.

Self mini-PAT (Peer Assessment Tool) for General Level Pharmacists

Purpose

Self mini-PAT provides feedback from a range of co-workers across the clusters of the GLF. These can be mapped via the General Level Framework (GLF) to the Knowledge of Skills Framework (KSF) profile for a Band 6 pharmacist. Feedback during the training will be entirely developmental. The trainee and educational supervisor agree strengths and key areas for development from collated feedback. All the forms returned will be collated and fed back to the trainees via their nominated ward assessor.

Practicalities

Basic grade pharmacists at Addenbrooke's have a 3-monthly rotational programme. At the end of each rotation, the basic grade pharmacist will be asked to nominate SIX people able to rate their performance in their job. The basic grade pharmacist will give their nominated ward assessor (Alison or Gill) a list of the names and contact details of all the raters they have chosen. A covering letter will be available to be given to the rater to explain what we would like them to do. However, since this assessment tool has been adapted from the medical model, it is likely that many potential raters will already be familiar with its use.

The raters should be selected from supervising pharmacists, senior technicians, doctors and experienced nursing or Allied Health Professional colleagues with whom the basic grade pharmacist interacts as part of his/her job. All trainees must include the section head of the section they have just completed, their personal tutor for post-graduate study and then four other people they work closely with, such as the POD technician for their ward, the ward sister, a senior doctor from their ward etc. All trainees complete a self-assessment using the same questionnaire. For PPS, there should be two assessments – one mid-term and one at the end of the 6-month rotation.

Blank copies of the self mini-PAT form can be found on 'coursework'. The basic grade pharmacist will print off a copy of the form, give it to the raters with a copy of the covering letter, and ask them to complete the form and return it to *either* Alison Eggleton *or* Gill Shelton at Box 104, Inpatient Pharmacy. You will have been told whether Alison or Gill is your nominated ward assessor. This ensures that the individual raters' views remain unknown to the trainee.

Feedback

The nominated ward assessor will collate the results from each assessor and work out a mean score per question and the global rating compared to the individual pharmacist's self-rating. Comparison of the raters' perceptions with their own is a very useful part of the process for trainees. Where there are significant differences

between the two this merits discussion. Any comments are anonymised prior to feedback to the pharmacist but they are produced verbatim. It is essential that raters take into consideration verbatim reporting of free text comments and take care to word this as constructively as possible. The covering letter for raters emphasises this. The collated results will be fed back to the pharmacist's personal tutor.

To maximise the usefulness of the process the feedback will be discussed with the individual pharmacist either by their nominated ward assessor or by their personal tutor. A copy of the feedback should be retained by the pharmacist in their portfolio of evidence. Discussion should facilitate personal development for the pharmacist by focusing on areas of strength to enable the pharmacist to build on these. It should also clearly identify areas for development by formulating at least one learning objective for their next personal development plan linked directly to their feedback.

What about pharmacists where problems are identified?

A very small number of pharmacists may have significant problems identified as a result of this process. Receiving such feedback is highly stressful for any individual and we want to ensure that appropriate support is available. Further "diagnostic" assessment may be required to clarify the nature of problems identified in a given domain. The purpose of this assessment is to help pharmacists develop and progress within their professional role. We will ensure that adequate support mechanisms are in place to support any individual having difficulty in achieving or maintaining the required standard. Where a problem does need addressing a framework for doing so and a plan for re-assessment will be agreed through discussion between the pharmacist and their personal tutor and/or nominated ward assessor.

Mini-CEX (Clinical Evaluation Exercise) for General Level Pharmacists

Purpose

The mini-CEX is designed to provide feedback on skills essential to the provision of good pharmaceutical care. In keeping with the quality improvement assessment model, strengths, areas for development and agreed action points will be identified following each mini-CEX

Mini-CEX: Competencies Assessed and Descriptors

The mini-CEX is used to assess the 'delivery of patient care' and 'problem solving' clusters of the GLF. Descriptors for what is meant at each level can be found within the GLF, as well as an explanation of the percentage frequency in the GLF handbook. The mini-CEX is designed to be used by the personal tutor as part of the compulsory accompanied ward visits.

Practicalities

Blank copies of the mini-CEX form can be found on 'coursework'. At least ONE mini-CEX assessment will be performed during each accompanied ward visit with the personal tutor, giving a minimum of 6 assessments. The pharmacist and the personal tutor will agree the time and date of the accompanied ward visit. The student will select THREE patients in advance of the ward visit and tell the tutor the name and location of these patients. The tutor will then select ONE of these patients to perform the assessment. The tutor will be looking at the student's ability to perform pharmaceutical care of the patients in practice. Each mini-CEX should represent a different clinical problem and pharmacists should try to select patients with medical or surgical problems listed in their clinical training.

Feedback

Immediate feedback will be provided after each encounter by the observer rating the trainee. Observers will be encouraged to use the full range of the rating scale and both trainees and trainers should be reassured that some ratings below the satisfactory range are in keeping with a trainee general level pharmacist's level of experience. It would be anticipated that over time the number of ratings in the satisfactory or above range will increase as the trainees increase their expertise.

A copy of the feedback should be retained by the pharmacist in their portfolio of evidence. In order to maximise the educational impact of using mini-CEX trainee and personal tutor will need to identify agreed strengths, areas for development and an action plan for each encounter. The feedback discussion should also clearly identify areas for development by formulating at least one learning objective for their next accompanied ward visit linked directly to their feedback.

Case Based Discussions for General Level Pharmacists

Background:

Case-based discussion (CbD) is used to enable the documenting of conversations about, and presentations of, cases by trainees in a similar way to that used regularly by trainee doctors.

The purpose

CbD is designed to assess clinical decision-making and the application or use of pharmaceutical knowledge in the care of the trainee's own patients. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss *why* they acted as they did, i.e. aspects of professionalism. Although the primary purpose is not to assess record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance.

CbD is designed to provide feedback on skills essential to the provision of good pharmaceutical care. In keeping with the quality improvement assessment model, strengths, areas for development and agreed action points will be identified following each CbD session. It allows sampling of a range of areas within the curriculum.

CbD: Competencies Assessed and Descriptors

The competencies assessed using the CbD are pharmaceutical needs assessment, treatment recommendations, patient monitoring, follow up with other health care professionals, consideration of patient concordance, professionalism and overall clinical judgement.

Question area	Descriptor
Pharmaceutical needs assessment	Pharmacist has identified correctly the medical and pharmaceutical care problems for the patient. Pharmaceutical care problems have been appropriately prioritised.
Treatment recommendations	Can discuss the treatment of the main medical problem – evidence-based treatment guidelines, drug therapy (mechanism of action of drugs, dosage range, key pharmacokinetic data, cautions, contra-indications, common side effects, major drug interactions, patient counselling points)
Patient monitoring	Can discuss the rationale for the monitoring of the patient's pharmaceutical care. Can demonstrate practical on-going and appropriate monitoring of therapy (including end-of-bed charts as well as biochemistry, haematology etc)
Follow up with other health care professionals	Can discuss and demonstrate how the care of this patient was managed in conjunction with the wider healthcare team
Consideration of patient concordance	Demonstrates that the patient was involved in any discussions and/or decisions about therapy. Demonstrates that the patient's individual cultural and/or religious background was taken into consideration.
Professionalism	Demonstrates how the patient's individual special needs were taken into consideration Demonstrates ability to prioritise; and was timely, and succinct. Can show an ethical approach, and awareness of any relevant legal frameworks. Has insight into own limitations. Considers interface issues.
Overall clinical care	Can discuss own judgment, synthesis, caring, effectiveness, for this patient

The scale is a 6 point scale in line with the other tools being utilised. At this stage of training it is anticipated that many of the skills being assessed during a CbD will need development, hence ratings within the descriptor category of "*below expectations*" or "*borderline*" are anticipated for many trainees.

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Practicalities:

Trainees will select THREE clinical areas from the lists provided on which they wish to be assessed during each 3-month period of rotations (a total of 12 CbD assessments per annum). The nominated ward assessor will conduct the assessment. The pharmacist may either ask for the assessment to be conducted on his/her ward, or may photocopy and anonymise all necessary information so that the assessment may take place in the pharmacy. The pharmacist will tell the ward assessor when they are ready to be assessed and will agree a convenient time for the assessment. Each CbD should represent a different clinical problem and trainees should complete one assessment in each clinical problem by the end of two years of training. After this, trainees may select clinical areas of their choice on which to be assessed.

An assessment record should be filled out for each case discussed, and the whole session should take no longer than 20 -30 minutes including feedback and completion of the assessment form. The pharmacist will need to seek appropriate cases to use in discussion with their tutor from a wide range of settings including the dispensaries, wards, medicines information queries etc. Allocation of training pharmacists to specialist wards will not be possible.

Administration

Pharmacists should retain a copy of the assessment form in their portfolio and give a second copy to their personal tutor.

Feedback

Immediate feedback will be provided after each encounter by the nominated ward assessor rating the trainee. Assessors will be encouraged to use the full range of the rating scale and both trainees and trainers reassured that some ratings below the satisfactory range are in keeping with a trainee's level of experience. Comparison should be made with a pharmacist who is ready to complete their foundation training. Thus, it would be anticipated that over time the number of ratings in the satisfactory or above range will increase as the trainees increase their expertise. In order to maximise the educational impact of using CbD trainees and trainers will need to identify agreed strengths, areas for development and an action plan for each encounter.

Collated feedback for the whole year will be provided for each trainee as part of the annual appraisal process