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Intern/Tutor CPD Feedback Session 2023

Wednesday, 7 June 2023 @ 18H00 – 20H00

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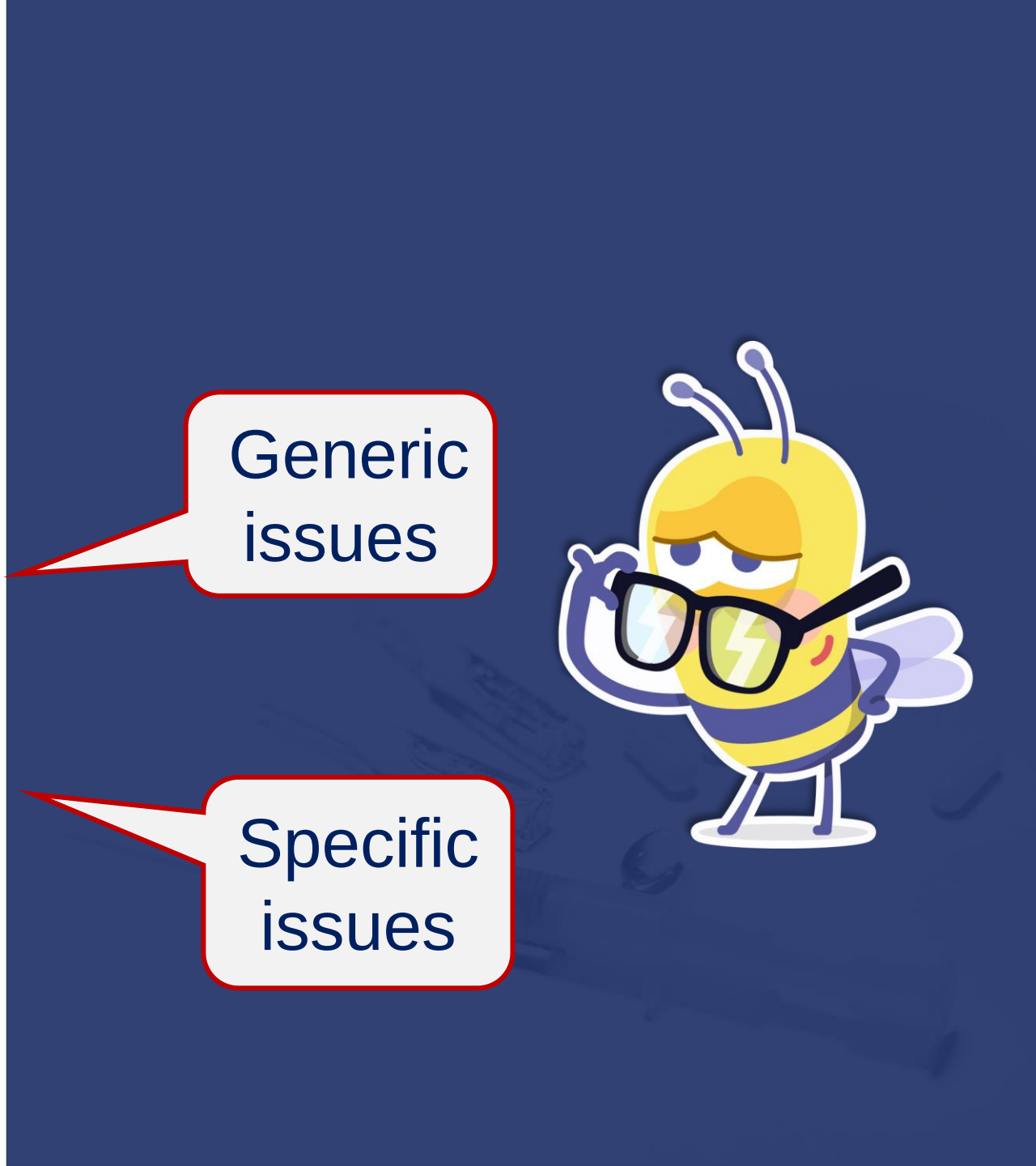
Overview

- Why this session?
- Structure of the presentation
- Common mistakes and omissions
  - Link to Pharmacist Intern portfolio on CPD System
  - Doing things better
- Problematic Competency Standards
  - Link to Pharmacist Intern portfolio on CPD System
  - Doing things better
- The way forward
- Q & A



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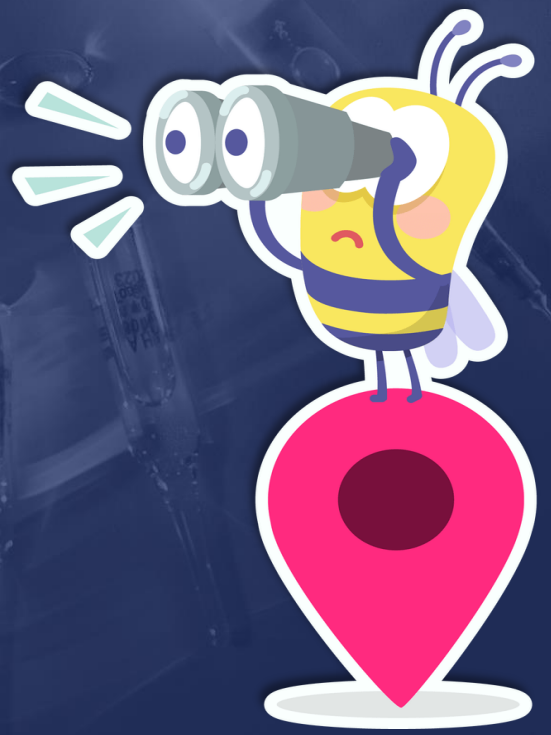
Why this session?

- **February and March Intern/Tutor Training Sessions are content heavy**
  - Difficult to see relevance before actual involvement with CPD entries

- **All interns are now:**
  - Familiar with system, format and requirements of Competency Standards (CSs); and
  - Have received feedback from assessors.

- **Assessors and moderators are now:**
  - Able to share experiences



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Why this session:
How are you feeling?

OR

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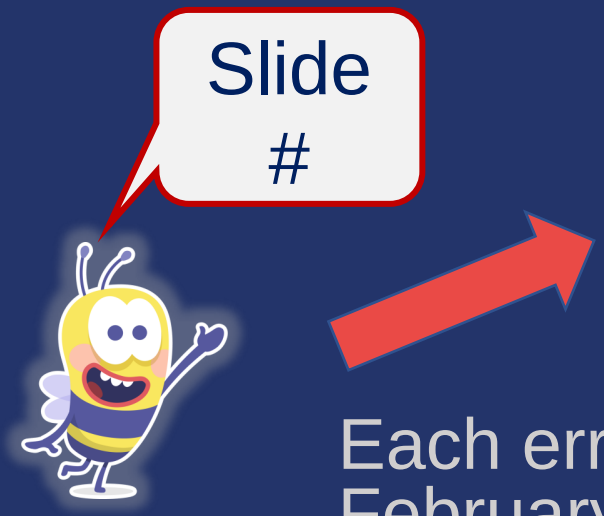
Link to February and March Intern/Tutor Workshops



Intern/Tutor Workshops 2023

Intern portfolio on CPD system

February and March 2023

Each error is cross-linked by slide number to the February and March Intern/Tutor workshop presentation

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Mistakes and fixes

- Description of common error/s

- Guidelines and suggestions
  - avoiding and/or
  - fixing errors

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Role of the tutor

- Where appropriate, specific messages for tutors included.

Please provide feedback on …

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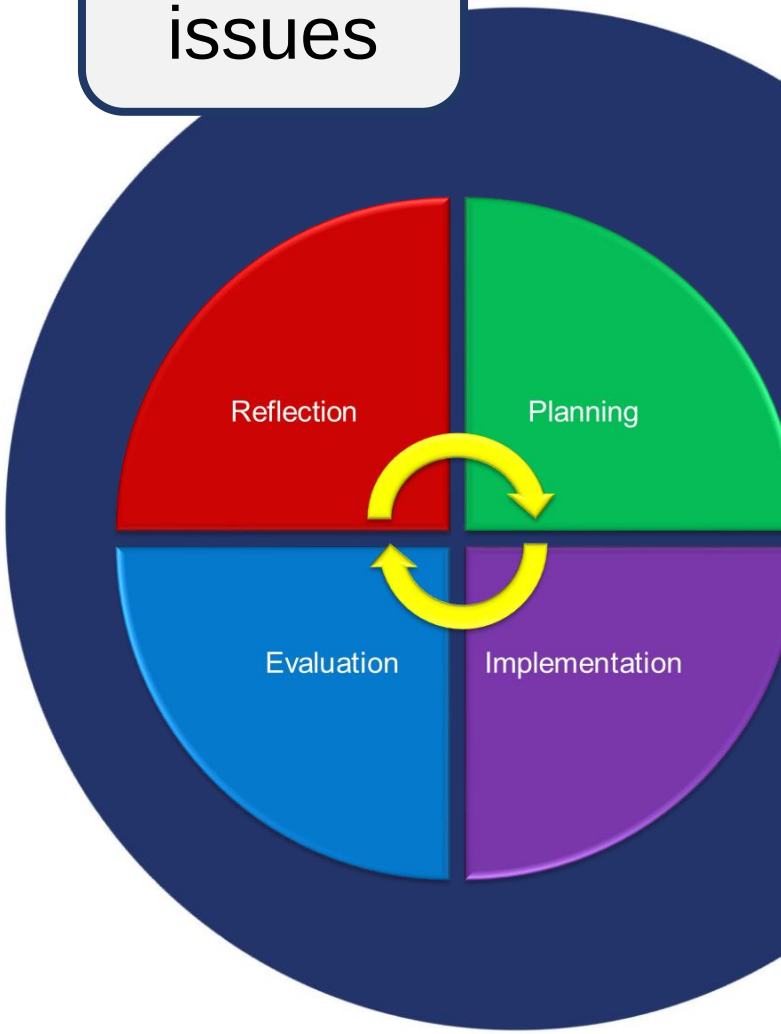
Mistakes and omissions

Generic issues



- Let's look at each of the CPD phases
  - Identify common errors

- Important: Make sure information is entered against the correct CPD phase

Slide #12

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Reflection: No clear learning need

Slide #13-15

- Incorrect CS chosen
- No justification for chosen activity
- Focus only on content or recipient of activity
- No mention of intended application of new learning

- Make sure chosen CS is the correct one for your learning need
- Include trigger incident
  - What happened that caused you to identify your learning need?
- Focus on the competency; i.e., how you developed skills covered in your personalised learning need
  - State learning need in terms of the skills needed for the CS
  - Say what you will do with what you learn

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Planning: incomplete

Slide #16-17

- Resources mentioned but without details
- Planning is written in present or past tense
- Rationale not included
- Superficial, insufficient (planning is too general in description)

- Add chapter/section/page numbers where appropriate
- Planning should be written in the future tense
- Planning is not only **what** you are going to do, but **why**
- Use behavioural statements (BS) to guide planning
- Planning should be descriptive of activity and not be a general description

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Implementation: Not supported by evidence

Slide #18-19

- Text says what was done, but no evidence to support this
- No link to evidence in Implementation discussion
- No link to behavioral statements in Implementation discussion
- For example,

  “I applied the SOP” in Implementation + Evidence shows unannotated SOP

- Provide evidence for all resources mentioned in planning and implementation
- Annotate exactly how the evidence proves what you did
- Include links to evidence in Implementation discussion
- Include links to behavioural statements in implementation discussion
- Remember: Just a copy of the SOP does not provide evidence of application

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Evidence: Insufficient

Slide #38

- Blanket evidence
  - For complete CS
  - For more than one BS
- Less than 75% of BS covered
- Evidence is not annotated to indicate which behavioural statement it is relevant to

- Provide evidence for each separate behavioural statement (BS)
- Clearly annotate each item of evidence to indicate which behavioural statement it is relevant to
- Err on the side of caution
  - Rather add more pieces of evidence
  - Can still achieve Requirement Met even if one piece of evidence is rejected

IMPORTANT

Consider each behavioural statement as a standalone activity

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Evidence: Annotation errors

Slide #28-33

- Insufficient/no annotation
- Annotation is messy/unclear
- Inadequate annotation
- Ambiguous labelling of evidence

- Make sure each piece of evidence is linked to a specific BS
- Ensure that annotation is detailed and neat
- Show how evidence meets requirements of each BS
- Avoid use of a., b., c., etc. as evidence labels, refer to specific BS instead

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Evidence: inappropriate

Slide #39-40

- Long and unannotated excerpts from reference material
- Invalid evidence
- Evidence
  - ➢Is not legible
  - ➢Uploaded incorrectly
  - ➢Arranged in an illogical manner

- Most important to annotate relevance of uploaded material to a specific BS
- Ensure evidence is valid
  - ➢Is relevant to CS
  - ➢Is accurate and logical
  - ➢Is factually correct, e.g. calculations
- Make sure evidence is
  - ➢Legible
  - ➢Not uploaded upside down
  - ➢Arranged/sequenced in a logical manner

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Evaluation: Incomplete entries

Needs to have **ALL** the required parts

- What have I learnt?
- How has it impacted my practice?
  - Explain
- How have I applied this new competency?
  - Describe a specific example where you used the skills you now have (no need for evidence)
    - Different from Implementation scenario
    - Occurred after Implementation scenario
    - Don't just give a vague statement, such as "I was able to do it again"
- What are my future learning needs?
- Points under evaluation refer to scenario in activity submitted and not the CS and behavioural statements
- Points must be relevant to the CS and its related behavioural statements.

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Writing style

- Poor/no proofreading
- Inappropriate language use
- Incomplete sentences
- Text entered in wrong place
  - For example, Planning under Implementation

Please provide feedback on these writing style errors

Slide #54

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Breach of confidentiality

- **Remember: Not Yet Competent automatically applied**
- **Serious breach of professionalism**
- **Watch out for patient details in places other than labels**
  - Includes all means by which patients can be identified
    - Photos, signatures
    - Check that text boxes used to obscure patient details have not moved when documents was converted to PDF version

Slide #59

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Resubmissions

Slide #56

- Entries resubmitted without any changes

Check that entry has been improved before validating a resubmission

- Never ignore assessor comments
- Do not bank on shortcomings being ignored the second time around
- Decide whether Not Yet Competent entry needs amendment or replacement

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Resubmissions

Slide #56

- Entries resubmitted with incorrect or unacceptable changes

- Don’t falsify/create evidence
  - For example
    - Attendance registers
    - Patient history
    - Expiry dates and batch manufacturing records

Be clear about what is required when your entry requires resubmission

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Problematic Competency Standards

- Read complete CS entry first
- Take note of recommendations
  - Recommended, possible, challenging
- Consider separate behavioural statements
- Ask yourself before starting:
  - "Can I provide evidence for sufficient behavioural statements?"

Best avoided

Slide #61-67

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Domain 1: Public Health

Public Health

- Implies activities targeting/benefitting a larger community audience

Also remember to think clearly about what constitutes:

- ➢ Health promotion
- ➢ Primary health care

Some concepts encountered in this domain are often confused or not clearly understood

Health campaign

Involves all the steps:

- Identify the health need
- Prepare the intervention
- Deliver the intervention to the target audience
- Assess whether the intervention was successful in causing the target audience to take appropriate action

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Domain 1: CS 1.1 Promotion of health and wellness

- Audience of individual patients or colleagues described
- Randomly chosen target audience not relevant to health message

- Don’t forget – Domain 1 is about Public Health
- Show how you interacted with the target audience
- Describe how developed materials:
  - meet health promotion requirement/s
  - are relevant to health message
- Include sufficient activities to constitute a health campaign

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Domain 1: CS 1.3 Professional and health advocacy

- BS (a) ignored
- BS (b) misinterpreted
  - In-house policies described

- Clearly show your role as part of a healthcare team
- BS (b) = applying health policies
  - Policies refer to wider health policies
- Remember that Domain 1 is Public Health oriented

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Domain 2: CS 2.2 Patient counselling

- Many BS requirements not met
- No evidence of communication with patients provided

- First establish patient's understanding
- Include:
  - Patient feedback (dated, signed) to verify that counselling actually took place
  - Your notes taken during counselling session
  - Patient-specific counselling plan
- Focus on interaction with patient (the actual counselling and provide evidence) and not only on the medicines
- Remember that an uploaded photo does not prove that counselling took place
- Check that sufficient BS are covered

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Domain 2: CS 2.6 PIT

- Patient history not taken or not fully reported
- Dialogue submitted as evidence
- Entry built around an item on a Rx
- If behavioural statement (d) is submitted (referral), no evidence substantiating this is submitted

- Go beyond merely saying that patient history was taken
  - Provide patient responses
  - Include in discussion how your evaluation of history assisted in the choice of treatment
- Dialogue, if submitted, must be verified
- Remember that PIT is initiated by a patient's request
- Referral, e.g. a referral letter must be verified

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Domain 3: CS 3.4 Medicine dispensing

- Insufficient evidence for 75% (7 BS)
  - Often only BS (a) – Rx validation – covered
- Outdated or incorrect reference used for Rx validity and authenticity
- Antibiotic reconstitution considered as compounding
- Determination of # of doses to dispense considered a pharmaceutical calculation
- References regarding dosages and appropriateness of medication are not submitted

- Very important to consider the BS requirements as standalone activities
- Make sure you use the latest references
- Don’t attempt this CS unless you have
  - examples of proper extemporaneous compounding and pharmaceutical calculations
- References must be submitted and annotated

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Domain 3: CS 3.5 Medicine compounding

- Thinking that this is an easy CS because there is only one BS
- Ignoring the requirement to apply pharmaceutical knowledge
- Missing or incorrect expiry date for compounded product
- Steps of compounding process are missing
- Calculations are incorrect and, therefore, CPD is not valid
- No compounding guidelines included, e.g. GPP, SOP, etc.

- Definitely not true!
- Needs annotated reference materials, including
  - SOP, batch manufacturing record
- Evidence must prove your actions
- Follow Reg. 3(1) of Act 101 of 1965 for expiry date
  - If your institution uses longer expiry dates, comment on how this does not fulfil regulation
- Ensure that all steps of the compounding process following pharmaceutical principles are submitted
- Calculations must be checked carefully before submitting
- Include compounding guidelines and annotate

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Domain 4: Organisation and Management Skills

CS 4.4

- Deals with Quality Assurance
- Make sure to include:
  - ➢How you participated in **updating** an SOP and getting it approved
  - ➢How you ensured quality assurance was achieved
  - ➢The details of the document management system in place

IMPORTANT

Only choose an SOP that you are able to do

VS

CS 4.6

- Deals with Policy Development
- Make sure to include:
  - ➢How you applied an SOP

AND

  - ➢How you applied a policy
- Remember that SOPs and policies are not the same

NB: The GPP is not a Policy

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Domain 5: CS 5.3 Ethical and legal practice

- Only considering dispensing a S6 Rx
- Referring to outdated legislation
- Ignoring the professional indemnity requirements – proof of indemnity cover submitted is not your own indemnity insurance
- Indemnity application forms submitted
- Focussing only on legal and not the ethical aspects of practice
- Application of amended legislation is not submitted and legislation is not sufficiently recent

- Cover more activities because S6 Rx cannot provide evidence for sufficient BS
- Ensure you are using the latest/updated legislation
- Provide evidence and explanation of your current/valid indemnity cover
- Indemnity cover must be in your own name
- Refer to ethical practice guidelines (Code of Conduct)
- Amended legislation should be new or recent and application thereof must be submitted

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Domain 6: Education, critical analysis and research

CS 6.2

- **Provide evidence for**:
  - An agreed teaching plan
  - Guidance from experienced colleague – Who and How
  - Teaching and learning materials development
- **Self-assessment** (Must be own self-assessment. Not self-assessment done by attendees)
- Own learning need must also be submitted
- Learning activity refers to quiz, role play, etc.

vs

CS 6.3

- Remember that this is relevant to the **formal education** of students
  - Colleagues do not fulfil this criterion
  - Provide evidence of course/module into which your training fits

This domain requires focus on education-related skills, not the subject of the training material

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The way forward ... towards success

Use the behavioural statements

Consult the training presentations

Read the entire CS carefully

Pay attention to assessor feedback

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The way forward for tutors

Remember that entry validation needs you to check

- That all phases are completed and entered in the correct place
- Evidence is valid
- Professional communication used
- Before resubmission, ensure that assessor are comments resolved

Encourage interns to meet deadlines

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Amended of CPD results release and pre-reg examination booking dates

Activities	Current Dates	New Dates
CPD results release	21 July 2023	19 July 2023
Late bookings close	19 July 2023	21 July 2023

Interns should note that:

- The CPD release date for July 2023 has been amended to afford interns another chance to book for the August 2023 pre-registration examination; and
- A late booking fee will be payable by Pharmacist Interns who book for the pre-registration examination after the normal booking period, including those who become eligible to write the pre-registration examination after the release of CPD results on 19 July 2023.

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Any questions?