Intern/Tutor CPD Feedback Session 2023

Wednesday, 7 June 2023 @ 18H00 – 20H00
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
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
Why this session: How are you feeling?
Each error is cross-linked by slide number to the February and March Intern/Tutor workshop presentation.

Intern/Tutor Workshops 2023

Intern portfolio on CPD system
February and March 2023
Mistakes and fixes

- Description of common error/s

- Guidelines and suggestions
  - avoiding and/or
  - fixing errors
Role of the tutor

• Where appropriate, specific messages for tutors included.

Please provide feedback on ...
Mistakes and omissions

• Let’s look at each of the CPD phases
  ➢ Identify common errors

• Important: Make sure information is entered against the correct CPD phase
Reflection: No clear learning need

- 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
Planning: incomplete

- 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
Implementation: Not supported by evidence

- 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
Evidence: Insufficient

- 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

Consider each behavioural statement as a standalone activity
Evidence: Annotation errors

- 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
Evidence: inappropriate

- 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
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.
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
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
    o Photos, signatures
    o Check that text boxes used to obscure patient details have not moved when documents was converted to PDF version
Resubmissions

• Entries resubmitted without any changes

Check that entry has been improved before validating a resubmission

Slide #56

• 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
Resubmissions

- 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
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
Domain 1: Public Health

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

Public Health

- Implies activities targeting/benefitting a larger community audience

Also remember to think clearly about what constitutes:
- Health promotion
- Primary health care

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
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
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
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
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
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
**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
Domain 4: Organisation and Management Skills

CS 4.4 vs CS 4.6

- 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

- Deals with Policy Development
- Make sure to include:
  - How you applied an SOP
  - How you applied a policy
- Remember that SOPs and policies are not the same

NB: The GPP is not a Policy

IMPORTANT: Only choose an SOP that you are able to do
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
Domain 6: Education, critical analysis and research

CS 6.2 vs CS 6.3

- **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.

- 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

**IMPORTANT**

This domain requires focus on education-related skills, not the subject of the training material
The way forward ... towards success

- Use the behavioural statements
- Consult the training presentations
- Pay attention to assessor feedback
- Read the entire CS carefully
The way forward for tutors

Remember that entry validation needs you to check.

Encourage interns to meet deadlines.

Tutors, please stay involved.

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

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.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Current Dates</th>
<th>New Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD results release</td>
<td>21 July 2023</td>
<td>19 July 2023</td>
</tr>
<tr>
<td>Late bookings close</td>
<td>19 July 2023</td>
<td>21 July 2023</td>
</tr>
</tbody>
</table>
Any questions?