The role of the Teacher-Practitioner in Competence Development

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Student’s perspective

- Study to pass assessments
- Subjects are what you find in books and books are not real life, i.e. they are not found on YouTube or Twitter
- People are what their job title says they are
  - Unless older students or the gossip suggest(s) differently
- Are looking for role models and for models of what they do not what to be (even if they will not admit it)
Student’s perspective

• No experience of most health service settings
• No personal experience of serious or chronic disease
• Suspect that putting knowledge into practice is not straightforward
• Know that one day, they will be expected to apply their knowledge, operate within a practice setting and co-ordinate every aspect of their work to a timetable set by patients
  – And there can not be any extension of the submission deadline
Teacher-Practitioners

- Practice-based educators
- Collaborate in teaching & assessment
- Undergraduate & postgraduate degrees
- Practice research

- Divide time between School of Pharmacy & Practice
- Educate in either or both settings
- Personal development
- Generic skills
- Specialist topics
Developing Competences in Pharmacy

• Academic Subject
  – Themes
    • Topics
      – Elements

• Subjects are now divided into Modules – course for delivery & assessment (5 or 10 ECTS)
  ➢ Discrete components, unified by a single perspective
  ➢ Specific competences
  ➢ Generic Competences
PAST PRACTICE

- New drugs used in established, common conditions
- Evidence-base

- Randomised studies
- Non-randomised studies

- Process for establishing the evidence base – Expert assessment by individuals or small groups

- Pharmacoepidemiology & Pharmacovigilance
PRESENT PRACTICE

• Established drugs used in established, common conditions

Randomised studies

Pharmacoepidemiology & Pharmacovigilance

Non-randomised studies

Outcome studies & Regulatory body opinions

• Specialist body opinion
• European Medicines Agency opinion
• Health Technology Assessment
• Cochrane Library

Consensus guidelines

Years of Clinical Experience
The definition of ‘evidence based practice’

‘Evidence-based medicine…is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating the best available external clinical evidence from systematic research with individual clinical expertise and the patient’s values and expectations’.

Sackett, Scott Richardson, Rosenberg, Haynes (1998)
Systematic vs Personal
Epidemiological vs Individual

• As individuals we value our opinions & knowledge
• We rate personal knowledge more highly than any external knowledge
• Consequently, we value what we have learned is important over what someone else tells us
• Therefore, we act on our practice experience more than the knowledge derived from epidemiological studies
• We treat knowledge of both Therapeutics & Risk/Adverse effects in the same way
• We have to learn & to practice using Systematic knowledge
Systematic

• Collection of information from patient
  – Systematic yet specific for patient
  – Past history & present needs
• Guidelines, protocols
  – Which ones?
  – Multi-morbidity
  – Children, Palliative care, Intellectual disability
Knowledge

• Evidence-based knowledge
  – Systematic evaluation of research studies

• Knowledge derived from structured, accumulated, recorded **experience**
  – Not necessarily first-hand

• Personal/Craft knowledge
Learning is the process by which knowledge is created through the individual transformation of experience.
Educational development

- Simulation of practice
- Observation of practice
- Supervised practice
- Independent practice in a supervised environment

Novice → Expert
Kirkpatrick’s levels of educational impact

- **Participation**
  - Covers learner’s views on learning experience, organisation, presentation, content, teaching methods, and aspects of instructional organisation, materials, and quality of instruction

- **Modification of attitudes/perceptions**
  - Outcomes = changes in reciprocal attitudes or perceptions, between participant groups towards the intervention

- **Modification of knowledge and skills**
  - For knowledge this relates to the acquisition of concepts, procedures and principles; for skills – to thinking, problem solving, psychomotor, and social skills

- **Behavioural change**
  - Documents the transfer of learning to the workplace or willingness of learners to apply new knowledge and skills

- **Change in organisational practice**
  - Wider changes in the organisation, delivery of care, attributable to an educational programme

- **Benefits to patients/clients**
  - Any improvement in the health and well being of patients/clients as a direct result of the educational intervention/programme

- **Benefits to healthcare team**
Why use a developmental approach?

“Does inadequate education at one level of training affect skills at subsequent levels? If so, then college may be the most critical period for developing important habits, attitudes, and clinical reasoning approaches……and may influence subsequent clinical competencies”

EHEA and teaching objectives

To improve the ability of **self-learning** by a strong reduction in lectures and by the use of active models

To develop both specific and generic **competences**

To adjust the students’ training to the **professional and social needs**

To permit that students get a **critical point of view** of everything and acquire the ability of **long-life learning**
Competences in Pharmacy Practice

• Practice of Pharmacy may be organised into Modules
  – But the themes are developed; novice to advanced
  – Comprised of overlapping competences
  – Which usually must be used in particular combinations
  – Competences must be deployed appropriately for patients, for pharmacy owners, etc…

• Generic competences
• Specific competences
Teacher Practitioners

• Help to ‘define’ and map competencies
• How is the role defined?
  – Activities – what pharmacists do
  – Regulation – what pharmacists are supposed to do to satisfy Pharmacy Regulations
  – Health Policy – what the health service wishes pharmacists would do (if only patients & doctors would let them)
• But, the role is setting dependent
  – Distinguish between generic & specific competences
  – Particular combination of generic & specific competences
• Help to develop, test and validate assessment procedures for competences
1. Obtains individual patient history

1.1 Accesses patient medication records/notes

Behavioural descriptors:

1.1.1. Effectively uses records on pharmacy computer/patient medical notes/animal records

1.1.2. Obtains copies of records (computer/hard copy) from other health professionals
Teacher - Practitioner contributions

• Personal experience
• Context & significance of generic competencies
• When & which specific competences are required
• Practicalities of developing competences & assessing & of being assessed
• Experiential learning - identification of and access to opportunities
Learning & working…different cultures

Competency Framework
Teacher-Practitioner

Undergraduate Learning Environment
- Guided study material
- Learning Support
- Peer contact

Academic Competences
- Tutor Access
- Defined curriculum
- Regular Appraisal

Employees learning in the workplace
- Unable to identify learning needs
- Limited Opportunity to learn
- Limited Tutor Support
- Infrequent Appraisal

Practice Competences
- Individualised Curriculum

Adapted from G. Davies
# Preparing for Learning in Practice

<table>
<thead>
<tr>
<th>Demands of learning</th>
<th>Practitioner</th>
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<tbody>
<tr>
<td>• Balance work &amp; life responsibilities with learning</td>
<td>• Adaptable &amp; continuous</td>
</tr>
<tr>
<td>Role of mentor</td>
<td>• Guide &amp; support learning</td>
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<tr>
<td>• Assess</td>
<td>• Assess</td>
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<tr>
<td>Professional &amp; personal life experiences</td>
<td>• Make connections with &amp; between experiences</td>
</tr>
<tr>
<td>• Acknowledging, accepting, revising</td>
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<tr>
<td>Purpose for learning</td>
<td>• Competence</td>
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<tr>
<td>• Capability to deal with uncertainty</td>
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<tr>
<td>• Coping with acute, serious events</td>
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<tr>
<td>Permanence of learning</td>
<td>• Self-initiated</td>
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<tr>
<td>• Long-term</td>
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Adapting Knowles' Learning Theory
Benefits of Teacher-Practitioners – to students

• See the link between what they are studying and the skills they are developing
• Develop increased awareness of their learning and its transferability
• Greater confidence in articulating competences and greater general self-confidence
• More focused approach to study
• Development of specific competences – further their career
• Example of role model
Benefits of integration of Teacher-Practitioners – to academic lecturers

• Opportunity to reflect on own subjects & their relation to competences
• Extends scope – delegation, partnership
• Opportunity to investigate different teaching approaches in delivery of subject material
• Increases awareness of own skills
• More engaged and confident students
Opportunities

• Establish Pharmacy Education as equivalent to that of other health care professions
• Enable pharmacists to enter postgraduate phase of their careers feeling competent to practice & confident of their contribution to the health service
• Equip pharmacists with capability to develop themselves
• Create basis for postgraduate specialization in Pharmacy
Go Raibh maith agaibh.

Thank you

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Trinity College Dublin

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