Intern/Tutor CPD Feedback Session 2024

Wednesday, 15 August 2024 | 18h00 – 20h00

Overview

- Why do we have 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.

Generic issues

Specific issues

Why do we have this session?

- **February/March Intern/Tutor Training Session is 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:**
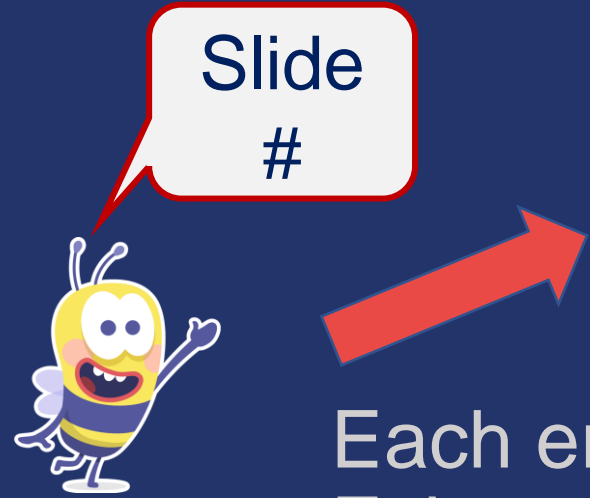 - ➤ Able to share experiences;
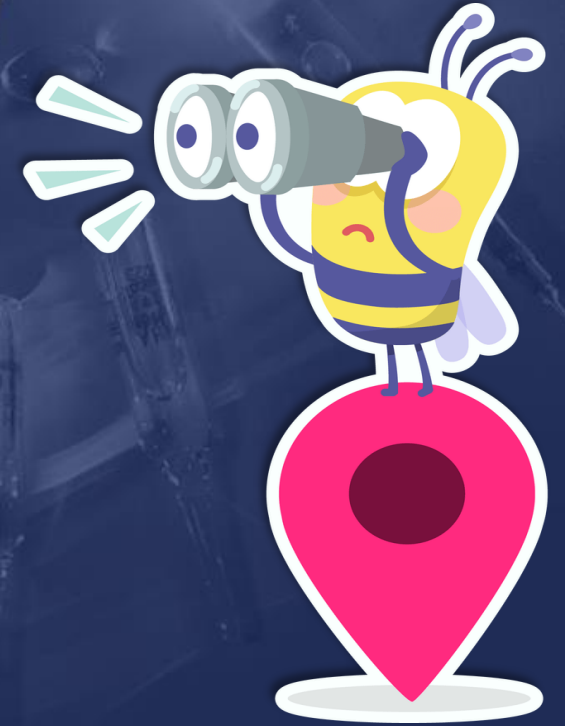
How are you feeling?

Or

Link to February and March Intern/Tutor Workshops

Slide #

Intern/Tutor Workshops **2024**
Intern portfolio on CPD system
February 2024.

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

Mistakes and solutions

- Description of common error/s.

- Guidelines and suggestions:
  - ➤ avoiding and/or
  - ➤ fixing errors.

Role of the tutor

- Where appropriate, specific messages for tutors are included.

Please provide feedback on …

Slides #84-86

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 #11

Reflection | Planning

Evaluation | Implementation

Reflection: No clear learning need

- Incorrect CS chosen

- No justification for the chosen activity

  - No learning trigger

- Focus is only on content or recipient of activity

- No mention of the 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 and behavioural statements:
  - State learning need in terms of the skills needed for the CS;

- Say what you will do with what you have learnt

Planning: incomplete

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

- Use behavioural statements (BS) to guide planning.
- 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** you are using chosen resources.
- Planning should be descriptive of the activity and not be a general description.

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Implementation: Not supported by evidence

- Text says what was done, but no evidence to support this

- Evidence provided with no description

- No link to evidence in the Implementation discussion

- No link to behavioural statements in the Implementation discussion;

- For example,
  "I applied the SOP" in Implementation + Evidence shows an unannotated SOP.

- Provide evidence for all resources mentioned in planning and implementation

- Include links to evidence in the Implementation discussion

- Include links to behavioural statements in the 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.

IMPORTANT

- Provide evidence for each separate behavioural statement (BS)

- 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
- Evidence:
  - ➤ Annotated as relevant to multiple BS
  - ➤ Doesn't show which part of the uploaded document is relevant

✓

- Make sure each piece of evidence is linked to a specific BS.
- Ensure annotation is detailed and neat.
- Show how evidence meets the requirements of each BS.
- Avoid using a., b., c., etc. as evidence labels, refer to specific BS instead.
- Link separate piece/s of evidence for each BS.
- Clearly show which part of uploaded evidence is relevant.
- Include title, date, verification (for e.g. attendance registers).

Evidence: inappropriate

- Long and unannotated excerpts from reference material
- Invalid evidence
- Evidence not authentic
- Evidence:
  - Is not legible
  - Uploaded incorrectly
  - Arranged in an illogical manner
  - Submitted in multiple documents

- Most important to annotate the 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.

- Ensure evidence is authentic i.e. not made up:

- Make sure the evidence is:
  - Legible
  - Not uploaded upside down
  - Arranged/sequenced in a logical manner
  - Submitted as one document

Evaluation: Incomplete entries

Needs to have **ALL** the required parts:

- What have I learned?

- 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 the Implementation scenario;
    - ○ Do not just give a vague statement, such as "I was able to do it again".

- What are my future learning needs, in terms of skill?

- Points under evaluation;

  ➢ should not refer only to activity undertaken; and

  ➢ must be relevant to the CS and its related behavioural statements.

Slides #25-27

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 #12 & 51

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 and signatures.
    - o Check that text boxes used to obscure patient details have not moved when the document was converted to a PDF version.

Slide #67

Resubmissions

- 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.
- Remember: each submission /resubmission is assessed as a complete standalone entry.

Resubmissions

❌

✅

- Entries resubmitted with incorrect or unacceptable changes.

- Don't falsify/create evidence:
  - For example:
    - Attendance registers;
    - Patient history; and
    - Expiry dates and batch manufacturing records.

IMPORTANT

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?"
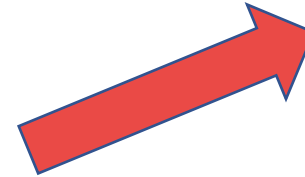
Best avoided.

Slide #69

Domain 1: Public Health

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

Public Health

Health campaign

- Implies activities targeting/benefitting a larger community audience.

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

Involves all the steps:

- Identify the health need;
- Prepare the intervention;
- Deliver the intervention to the target audience; and
- 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 the health message.
- Group work submitted.

- 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.
- Only submit your own contribution to the activity.

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

- No evidence of communication with patients was provided.

- Focus only on the medicines.

- Unverified dialogue used as evidence.

- Many BS requirements not met.

- First establish the patient's understanding

- Include:
  - ➤ Patient feedback (dated, signed) to verify that counselling took place;
  - ➤ Your notes taken during counselling session;
  - ➤ What you told the patient;
  - ➤ Patient-specific counselling plan;

- Focus on interaction with the patient (evidence of the actual counselling) 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 an Rx.

- If behavioural statement (d) is submitted (referral), no evidence substantiating this is submitted.

- Focus is on information gathering on the condition and treatment, not on sharing this with the patient.

- 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; and

- 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 is considered as compounding;
- Determination of # of doses to dispense is considered a pharmaceutical calculation; and
- References regarding dosages and appropriateness of medication are not submitted.

- It is very important to consider the BS requirements as standalone activities.
- Make sure you use the latest references.
- If including extemporaneous compounding, make sure the expiry date is correct (see details in the next slide).
- References must be submitted and annotated.

Domain 3: CS 3.5 Medicine compounding

Don't:

- 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 the compounding process are missing;
- Calculations are incorrect and, therefore, CPD is not valid; and
- No compounding guidelines included, e.g. GPP, SOP, etc.

Do:

- Definitely not true that this is an easy CS!
- Needs annotated reference materials, including:
  - SOP, batch manufacturing record.
- Evidence must prove your actions.
- Follow Reg 3(1) of Act 101 of 1965 for the expiry date:
  - If your institution uses longer expiry dates, comment on how this does not fulfil the 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

- 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

CS 4.6

- Deals with Policy Development
- Make sure to include:
  - ➤ How you applied an SOP (linked to specific points of SOP)

  AND

  - ➤ How you applied a policy
- Remember that SOPs and policies are not the same
- Apply the complete SOP

NB: The GPP is not a Policy

See page 39 in the manual for definitions and a list of policies

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 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; and
- SOPs are considered as legislation.

- 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 name.
- Refer to ethical practice guidelines (Code of Conduct).
- Amended legislation should be new or recently amended and the application thereof must be submitted.
- SOPs are not cited as legislation.

Domain 6: Education, critical analysis and research

CS 6.2   **VS**   CS 6.3

CS 6.2

- Provide evidence for:
  - ➤ An agreed teaching plan;
  - ➤ Guidance from an experienced colleague – Who and How;
  - ➤ Teaching and learning materials development.
- Self-assessment:
  - ➤ Own assessment of training skills;
  - ➤ No self-assessment done by attendees;
- Provide evidence for the effectiveness of training;
- Own learning needs must also be submitted;
- Learning activity refers to quizzes, role play, etc..

CS 6.3

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

IMPORTANT

This domain requires a 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

Read the entire CS carefully.

Pay attention to assessor feedback.

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, the assessor's comments are resolved.

Pre-registration examination and booking dates

OPEN BOOKINGS	LATE BOOKINGS	EXAMINATION DATE
10 September 2024.	24 September to 10 October 2024.	22 & 23 October 2024 (Tuesday & Wednesday).

IMPORTANT

All exam bookings must be done online before the closing date. Late booking fee will be charged after the closing date.

CPD Submission Deadlines

LAST DATES FOR SUBMISSION OF CPD ENTRIES	LAST DATES FOR VERIFICATION OF CPD ENTRIES BY TUTORS	SAPC RELEASES RESULTS
~~05 January 2024~~	~~08 January 2024~~	~~22 January 2024~~
~~29 January 2024~~	~~31 January 2024~~	~~16 February 2024~~
~~01 March 2024~~	~~05 March 2024~~	~~26 March 2024~~
~~01 April 2024~~	~~03 Aprl 2024~~	~~24 April 2024~~
~~01 May 2024~~	~~03 May 2024~~	~~24 May 2024~~
~~03 Jun 2024~~	~~05 June 2024~~	~~25 June 2024~~
~~01 July 2024~~	~~03 July 2024~~	~~22 July 2024~~
29 July 2024	31 July 2024	21 August 2024
28 August 2024	30 August 2024	19 September 2024
24 September 2024	25 September 2024	09 October 2024
30 October 2024	01 November 2024	20 November 2024
27 November 2024	29 November 2024	17 December 2024
06 January 2025	08 January 2025	24 January 2025

NOTE THAT:

(a) According to Council Policy, appeals must be submitted within one calendar month after the release of the results.

(b) Entries must be submitted by 12h00 PM on the last date of submission. Entries submitted after 12h00 PM on the last date of submission will be assessed in the next submission cycle.

(c) Interns are ADVISED to submit six (6) CPD entries within the first 6 months of their registration.

(d) Entries submitted after 27 November 2024 will only be assessed in January 2025.

Please note that on submission of the 10th and subsequent CPDs, a fee (R307.00) determined by Council will be charged. The fee is published on the Council website..

Any questions?

Post-workshop Survey

June 2024 Intern/Tutor CPD Post Workshop Survey

- **https://forms.office.com/r/TXE XgT916z**

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