Competency based performance evaluation feedback and development

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OVERVIEW- SOME QUESTIONS

• How consistent is your team’s performance?

• How well does audit data impact on an individuals performance?

• How quickly can you change peoples behaviour?

• Do competency frameworks develop a competent workforce?

• Can we adapt tools for developing doctors and nurses?
THE COMPETENCY ICEBERG

Effective and persistent behaviour

Knowledge
Skills
Abilities
Values, attitudes and beliefs
Miller’s pyramid

- Does: Performance observation and feedback
- Shows how: OSCE style
- Knows how: Case studies/ PBL /Portfolio
- Knows: MCQ / Exams
PATHWAY OF HOW TO DEVELOP CONSISTENT PERFORMANCE
SOME BEDSIDE AUDIT DATA……
ADR DOCUMENTATION ON NIMC
2002 N=101

Patients with incomplete ADR documentation
SOME MORE DATA.....INTERN DE-SKILLING
2006 N =21

Mandatory Pre-registration training

Week 2
Number of OSCEs passed

Week 46.
OSCEs passed
Pharmacy Practitioner Development- Australia

Years: 1              2 – 4            4  8 years +

Levels: Intern             3                  4    ------------ ----5 ----------- 6 +

Frameworks: ILF       General                       Advanced

Degree: BPharm Cert PG Dip MSc MPhil DClin Phrm Phd

- Education,
- Research Management
- Relationship Leadership
- Practice
GENERAL LEVEL FRAMEWORK

Delivery of Patient Care  Personal  Problem Solving  Management and Organisation

Work-based Performance development Tools –
• GLF/ClinCAT – baseline
• Clinical Evaluation Tool (mini-CEX) – target issues from GLF
• Team working evaluation (Mini-PAT), 360° link to PAD
• Case Discussion (CbD), assessment of input to patient care 1:1 or group
• KPIs – Patients with Med Action Plan with 24 hr, interventions, DMRs
• CPD
• PAD
• Portfolio of Evidence
### GENERAL LEVEL FRAMEWORK:

#### 1.1.7 Relevant patient background

**Retrieves relevant information**  
*Details of PMH, presenting condition, appropriate lab function tests*  
*Uses medical, nursing and electronic records, patient, carer, correspondence etc. as applicable*

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<thead>
<tr>
<th>Frequency</th>
<th>RARELY</th>
<th>SOMERIES</th>
<th>USUALLY</th>
<th>CONSISTENTLY</th>
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**Comments**

- **Self**
  - Use patient handover forms and patient flow boards

- **Evaluation**
  - Efficient information retrieval - could also get verbal RN handover

#### 1.1.8 Patient’s understanding of illness

**Elicits patient’s (lay) understanding of their illness**  
*Assesses the patient’s understanding of their illness*  
*Assesses need for further information*

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**Comments**

- **Self**
  - I Don’t necessarily have time to explore this

- **Evaluation**
  - Asks structured open questions about understanding of illness
THE IMPORTANCE OF FEEDBACK
REVEALING THE UNKNOWN UNKNOWNS
OSCE STATIONS PASSED AT END OF INDUCTION VS END OF INTERN YEAR 2009 (N=22)
Improvement in Pharmacist’s Performance Facilitated by an Adapted Competency-Based General Level Framework

Ian Coombes, Minyon Avent, Lynda Cardiff, Karen Bettenay, Judith Coombes, Karen Whitfield, Julie Stokes, Graham Davies, Ian Bates

Communication

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<tr>
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- Rarely
- Sometimes
- Usually
- Consistently
Figure 4. Pharmacists’ views on the baseline evaluation process (mean and 95% confidence intervals) (n = 52).
A framework – a pathway ..... It’s for everyone!
Junior doctor prescribing - Self and pharmacist evaluation and feedback

**ADR documentation**

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<thead>
<tr>
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<th>Self ADR/Allergy documented</th>
<th>Pharmacist ADR/Allergy documented</th>
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<tbody>
<tr>
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**VTE prophylaxis**

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<th>Pharmacist VTE prophylaxis</th>
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Medical Residents Comments (n=7)

• Really enjoyed the feedback... it will improve my prescribing practice in the future
• This helped remind me of all the safety and legal aspects of prescribing
• Good concise evaluation - encompassed all important aspects, all vital to get correct.
• Useful tool that will lead to changes in my prescribing
• Found the checklist included the most important aspects which were brought to my attention
Pilot of nursing medication administration observation and feedback

- Baseline study medication administration
  - 1547 doses, 11% error rate – **No feedback**
- Open observation and feedback during morning medication round (n=140)
  - Between 1-2 patients, 10-20 medications
- Agreement on gaps
- ADR checks increased 45% → 89%
- Patient ID checks 57 → 89%
PERFORMANCE ASSESSMENT – THE VALUE FOR ALL

- Director of Service Perspective
  - Value for money
  - Training needs analysis
  - Identify performance gaps

- Performance Development System
  - Quality Indicators
  - Regular feedback
  - Motivation
  - Identifies CPD needs

- Individual Pharmacist Perspective
  - Improve Patient care
  - Developing the Service
  - Developing the Individual

- Performance Assessment
  - Improve Patient care
  - Developing the Service
CONCLUSION: COMPETENCY FRAMEWORKS SUPPORTS PRACTITIONER DEVELOPMENT

• Recognises consistent high quality performance
• Supports acquisition of skills via work based evaluation, feedback and development
• Puts competence at core of workforce development
• Can support all practitioners in all areas
• Supports life long learning and return to work
• Development of workforce is a life long journey
THANK YOU