

Postgraduate Diploma in General Pharmacy Practice

Local guidance on the use of JPB assessment tools

Please note that this guidance is intended for local use and to address local issues. It is not intended to replace any guidance issued by the JPB.

Concerns of *students* in the use of assessment tools

- I must find the most interesting patient – not sure if what I've chosen will be 'good enough'
- A *normal* patient isn't going to be good enough to pass
- I need to know *everything* about the patient
- I might 'fail'
- Not knowing the what/why/how of assessment
- I missed a good opportunity to do an assessment as I was unsure if could ask someone at short notice

Dangers for *tutors* in the use of assessment tools

- Inconsistency between tutors leading to mixed messages for students
- Not using each assessment tool as intended (e.g. treating a mini-CEX like a CBD and grilling the student afterwards)
- Thinking that a mini-CEX should include an emphasis on checking understanding and unpacking why a certain process occurred/decision reached. In other words, probing and questioning at a level more suited to a CBD
- Not knowing the what/why/how of assessment, including feedback and developing an action plan

Local guidance:

General points

- You don't need to know absolutely everything about your patient
- Cancelling assessments must be the exception rather than the rule. EFs will push back on this unless there are legitimate reasons to cancel. Not being prepared enough is generally not one of them
- Don't waste time looking for the perfect case or waiting in case a more interesting patient turns up. EFs like the standard cases that you commonly see, since it assures them you can do the basic, common care

- You don't need to spend hours preparing for assessment, since what you are doing should be everyday practice
- If you notice a difference in standards/expectations of EFs as you move around the department, they have given consent for Barry (Lead Trust Tutor) to raise this with them if you tell him about it. Obtaining feedback from a broad spectrum of EFs is important and begins to counter bias. Everyone should remember that EFs, differ in their levels of expectation and knowledge, e.g. an admissions EF may focus on drug history taking and a cardiology specialist may focus on the treatment for the patient's heart failure.
- If an assessment is 'below expectations', you haven't failed your diploma and you can do others assessments. These formative assessments help you and your tutor to plot your progress. Only if you consistently achieve 'below expectations' would you not be able to do the summative assessments (OSCE/MCQ)

Specifics on the assessment tools

- Extended interventions need some background and explanation
- A maximum of an hour preparing for a CBD should be more than enough. CBDs don't have to be held on a ward. Some can be conducted as part of a peer review session or started on the ward and completed elsewhere
- If you provided the care, you should be able to do the CBD. CBDs are about what you *DID and perhaps reflecting on what your other options were too*
- The emphasis in the PG Cert part of the programme is awareness of and use of *guidelines* and not necessarily digging into the papers/evidence behind them. You will use papers/evidence more during DAPs, where appropriate
- Following this, don't try and memorise guidance or papers. Bring them to CBDs if you must – but only those you actually used. This isn't mandatory
- There will need to be own time spent on any other background preparation you do for a CBD. It shouldn't eat into your ward time
- EFs are primarily assessing your *thought processes* in CBDs and your *practice* in mini-CEX/MRCF. Knowledge is important but isn't *everything*

*Chelsea & Westminster hospital pharmacy diploma students and educational facilitators – April 2008
Compiled by Barry Jubraj with comments from Sarah-Jane Hill (JPB Associate Director)*