

Is there a place for the mini Peer Assessment Tool (PAT) amongst general level pharmacists working in secondary care?

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Background

“Performance of authentic tasks in clinical practice typically requires the integration of knowledge, skills, judgment and attitudes”, all of which are considered essential to service competence.¹ Significant improvement in performance is acquired only through the ongoing evaluation of performance and the provision of feedback.² Without feedback practitioners might not be aware of their weaknesses and poor performance may go uncorrected, while good performance may not be reinforced.¹

The mini PAT is an assessment tool that aims to facilitate anonymous feedback on a practitioner's performance in the workplace from members of the healthcare team who have worked closely with the practitioner being assessed. The feedback is for formative purposes and aims to confirm strengths and identify areas for improvement. The mini-PAT assessment has been in operation within the postgraduate diploma in general pharmacy practice programme for three years and assesses against three of the general level framework³ competency clusters (i.e. personal -, delivery of patient care - and problem solving clusters) by asking assessors to rate 16 questions. General level pharmacists (GLPs) registered on the programme are required to participate in the assessment every six months.⁴

Objectives

- To describe the type of healthcare professionals the GLPs nominate for the mini-PAT assessment and how many of the nominated professionals completed the assessments
- To explore if members of the pharmacy team score GLPs differently to other members of the healthcare team
- To assess how useful the GLPs find the feedback received through this assessment method

Methods

All practitioners registered on the programme were grouped according to their year of registration: January 2006, September 2006 and September 2007.

A retrospective analysis of the mini PAT data was then undertaken to assess the response rate, by individually calculating how many assessors each general level pharmacist had nominated for each round of mini PAT assessments and how many completed assessments were returned.

The data was also analysed to identify the identity of the nominated assessors who had returned the assessment and this information was then categorised according to the following groups: pharmacists, pharmacy technicians, nurses, doctors, other healthcare professionals and 'unable to identify'. This information was then used to assess if one group of healthcare professionals was more likely to score the GLPs higher than another group, by averaging the marks each group gave over all the mini PAT assessments across all three year groups.

Finally, a questionnaire was designed and administered amongst the practitioners in the September 2006 and September 2007 groups to assess the usefulness of the mini PAT assessment method. The questionnaire asked a series of questions on a five point Likert scale, which was anchored by extreme descriptors (1=most negative response and 5=most positive response).

Results

At the time of the evaluation, 633 mini PAT assessments had been completed by the practitioners registered on the programme, with the January 2006 group having completed five rounds of mini PAT, the September 2006 group four rounds and the September 2007 group completing two rounds of mini PAT, respectively. The average response rate for the assessments completed across the three groups was 77.2% (ranging from 64.6-79.9%). Pharmacists were found to be the group of assessors most frequently nominated by the GLPs, followed by pharmacy technicians, and then other healthcare professionals (nurses and doctors). As GLPs became more experienced, they were more likely to nominate doctors, particularly consultants.

Specific analysis of the three mini PAT clusters found that the GLPs were more likely to be scored higher for the *personal* competency cluster in the assessment than the *delivery of patient care* or *problem solving* competency clusters throughout the programme.

When the different categories of nominated assessors scores were grouped by the profession of the assessor, doctors and nurses were significantly more likely to score the GLPs higher across all sixteen mini PAT questions than nominated pharmacists (Mann Whitney $U=34$, $p<0.001$ and $U=5$, $p<0.001$ respectively).

A total of 122 questionnaires on the usefulness of the mini PAT were returned (response rate = 82%). Table 1 describes the results from some of the key questions asked.

Table 1: The mode and mean responses from the general level pharmacists to key questions asked in the questionnaire

	How useful do you find the feedback received through the mini PAT?	Has the feedback received through the mini PAT assessments helped to reveal something which you were unaware of?	Specifically, how useful are the verbatim comments received through the mini PAT assessment?	Has the feedback received from your mini PAT assessments helped to influence practice as a pharmacist?
Mode	4	4	4	3
Mean	3.72	3.21	3.93	3.26
SD	0.70	1.00	0.81	0.79

Discussion and conclusion

The results from this evaluation illustrate that this method of assessment works in practice, with an average response rate comparable to that found in the literature for medical staff. It was interesting to find that other healthcare professionals scored the GLPs more positively in their assessments than members of the pharmacy team. This finding most likely reflects their differing expectations of the GLPs and the differing interpretations of the mini PAT questions, and warrants further investigation.

The GLPs found the feedback the mini PAT assessment generated to be useful, particularly the qualitative comments. However, some reported that the feedback received was not specific enough to influence their practice to any great extent. This warrants further work as the assessment method is developed further. Overall, the findings indicate that there is a role for the mini PAT assessment amongst general level pharmacists working in secondary care.

References

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