

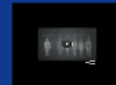
EFFECTIVELY TRANSFORMING PHARMACY WORKFORCE FOR SEA-CHANGE IN HEALTH CARE

Lynn Eschenbacher, PharmD, MBA, FASHP
National Director of Pharmacy Operations
The Resource Group, LLC and Ascension

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Education PhD Student
UNC Eshelman School of Pharmacy

Announcements

Multiplex: Leaders who amplify their personal brand



The pharmacy manager as an
Organization-wide Strategic Educator



What are the benefits?



There are multiple benefits to
this approach, including:

- Increased visibility and credibility
- Improved communication and collaboration
- Enhanced leadership skills
- Increased engagement and motivation

Pharmacy Manager as Strategic Educator

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Pharmacy Manager as Strategic Educator

LEARNING OBJECTIVES

- Explain why "multiplier" leaders are needed in the current healthcare environment.
- Outline clinical and non-clinical competencies needed for transitions of care and care beyond the bedside for leadership, staff, students, residents, and technicians.
- Evaluate and apply learning experiences which facilitate deep learning and assessment strategies.
- Design an in-house professional development program utilizing reverse engineering and an 8-step approach.

Competency	Definition	Assessment
Leadership	The ability to influence others to achieve a common goal.	Self-assessment, peer review, 360-degree feedback.
Communication	The ability to convey information effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Teamwork	The ability to work effectively with others to achieve a common goal.	Self-assessment, peer review, 360-degree feedback.
Problem Solving	The ability to identify and solve problems effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Decision Making	The ability to make decisions effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Time Management	The ability to manage time effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Stress Management	The ability to manage stress effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Conflict Resolution	The ability to resolve conflicts effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Change Management	The ability to manage change effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Quality Improvement	The ability to improve quality effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Regulatory Compliance	The ability to comply with regulatory requirements effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Financial Management	The ability to manage financial resources effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Information Management	The ability to manage information effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Customer Service	The ability to provide excellent customer service effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Professionalism	The ability to conduct oneself professionally effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.
Continuous Learning	The ability to learn continuously effectively and efficiently.	Self-assessment, peer review, 360-degree feedback.

Workshop Outcomes

- Identify key competencies for pharmacy leaders.
- Develop a plan to address these competencies.
- Implement the plan and evaluate the results.
- Share the results with the organization.
- Continue to refine the plan and improve the results.

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Leadership Program Blueprint

Type of program (e.g. IPPE, course, lunch and learn)	Existing program or new idea?	Target audience (e.g. students, preceptors, residents, pharmacists, blended)	Target number of participants (e.g. 20)	Program Location (e.g. UNC medical center)

Step 1: Establish a sense of urgency and form a powerful coalition

What is the ideal team mix (e.g. "preceptors" OR specific names)?

How can I get them on my team (e.g. 1:1 discussion, listserv callout)?

My pitch – why is this needed and important?

Step 2: Create a vision and identify desired results

Core competencies (individual attribute or value e.g. empathy):

Participant learning objectives: (at the end of the program, what will they know, be able to do, and behave?)

Step 3: Determine what evidence you would need to know participants achieved desired results

How will we know participants achieved the desired results (informal and formal assessment)?

Step 4: Plan learning experiences and instruction

What learning theory(s) will we use? _____

What prerequisite knowledge or materials will participants need to achieve desired results (e.g. books, articles, orientation)?

•

•

•

What activities and resources will achieve desired results?

•

•

•

How should content be taught so the delivery is engaging, effective, and feasible?

Step 5: Communicate vision to stakeholders and recruitment

What value do we bring to the organization/stakeholders? How can we engage them?

What value do we bring to participants? How can we recruit participants?

Step 6: Plan for and create short term wins

Will we need to sacrifice any initial ideas for feasibility?

How can we build momentum with participants?

How can we build momentum for the organization/stakeholders?

Step 7: Consolidate Improvements and produce still more change

How will we evaluate and continually improve the program?

Step 8: Institutionalize approaches

How will we sustain the program?

The presentation will follow
along with your worksheet



Prezi

LEARNING OBJECTIVES

- Explain why "multiplier" leaders are needed in the current healthcare environment.
- Outline clinical and non-clinical competencies needed for transitions of care and care beyond the bedside for leadership, staff, students, residents, and technicians.
- Evaluate and apply learning experiences which facilitate deep learning and assessment strategies.
- Design an in-house professional development program utilizing reverse engineering and an 8-step approach.

The presentation will follow along with your worksheet

Step 1: Create a vision of agency and then a powerful mission statement	Step 2: Create a vision and identify desired results	Step 3: Create a vision and identify desired results	Step 4: Plan learning experiences and instruction	Step 5: Plan for and create short-term wins
<p>Step 1: Create a vision of agency and then a powerful mission statement</p> <p>What is the vision of the agency? (e.g., "To be the best at what we do.")</p> <p>What is the mission statement? (e.g., "To provide the highest quality of care to our patients.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p>	<p>Step 2: Create a vision and identify desired results</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p>	<p>Step 3: Create a vision and identify desired results</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p>	<p>Step 4: Plan learning experiences and instruction</p> <p>What learning experiences will we use? (e.g., "Workshops, seminars, etc.")</p> <p>What learning experiences will we use? (e.g., "Workshops, seminars, etc.")</p> <p>What learning experiences will we use? (e.g., "Workshops, seminars, etc.")</p>	<p>Step 5: Plan for and create short-term wins</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p> <p>What are the key results? (e.g., "To be the best at what we do.")</p>

Multipliers - Leaders who amplify those around them



The pharmacy manager as an Organization-wide Strategic Educator

**THE PHARMACY
ORGANIZATION, DEPT, OR
GROUP AS A LEARNER**

A Different View of Knowledge -> Distributed Cognition



Coleman & Higgins (2009) Distributed Cognition, 1-46

And... social and cultural context is important
IT IS UP TO YOU TO ENSURE YOUR STAFF CAN BE SUCCESSFUL IN YOUR ORGANIZATION



**ALIGNMENT
VISION**



**WHAT WE WILL BE
SPENDING THE REST OF
THE TIME ON**

A Different View of Knowledge -> Distributed Cognition

Traditional



**HUMAN BRAIN HOLDS
KNOWLEDGE**

Alternative



**PEOPLE, ARTIFACTS, AND
TOOLS HOLD KNOWLEDGE**

Cole and Engeström. (1993) Distributed Cognitions. 1-46.

And... social and cultural context is important

IT IS UP TO YOU TO ENSURE YOUR STAFF CAN BE SUCCESSFUL IN YOUR ORGANIZATION

Institution History

Roles

Needs

Time, change



Size, space

Power

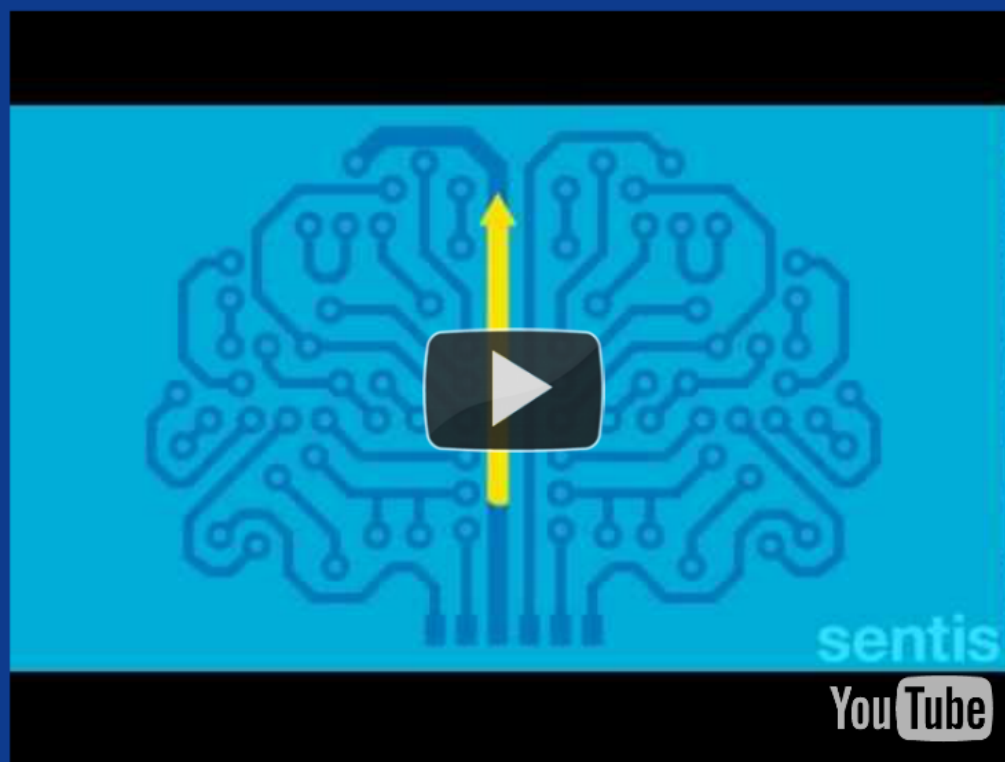
Staffing development should be aligned

WE DO CE, BUT IS IT ALIGNED WITH ORG.'S STRATEGIC PLAN?



What can adults be taught?

Develop "Habits of Mind" with conscious thought



Rakic P. Nature Reviews Neuroscience 2002.3(1):65-71

The pharmacy manager as an Organization-wide Strategic Educator

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**ALIGNMENT
VISION**



**WHAT WE WILL BE
SPENDING THE REST OF
THE TIME ON**

Today we would like to help you design a...

Staff development and competency program....

- Pharmacokinetics
- Transitions of care
- EMR utilization
- Code response
- Leadership
- Innovating practice
- Patient services
- Pharmacist documentation / billing
- ...etc.

First, What will you design and implement?

Take 5 minutes

- Form groups or pairs around a common institution and target audience idea
- If you have an existing program, think of how you would like to re-design it

Existing program or new idea?	Target audience (eg. students, preceptors, residents, pharmacists, blended...)	Target number of participants (eg. 20)	Program Location (eg. UNC medical center)

Usual and Customary

1. Come up with an idea you want to implement
2. Select lots of content
3. Decide on learning activities
4. Throw in some assessment
5. Set up a time, invite people
6. Become discouraged when participants do not engage or learn

**CAN WE DO
BETTER?**

To implement a staff development/ competency program you must be

INSTRUCTIONAL DESIGNERS...

AND..

CHANGE AGENTS



Picture: <http://www.freedigitalphotos.net/>



Picture: <http://artofthewingman.com/business-wingman/become-change-agent/>

STAFF DEVELOPMENT BLUEPRINT



Step 1: Establish urgency
and form a powerful
coalition



Step 2: Create a vision and
identify desired results



Step 3: Determine evidence



Step 4: Plan learning
experiences



Step 6: Plan for and create
short term wins



Step 7: Consolidate
improvements and produce
still more change



Step 8: Institutionalize
approaches



Reverse Engineering Instructional Design



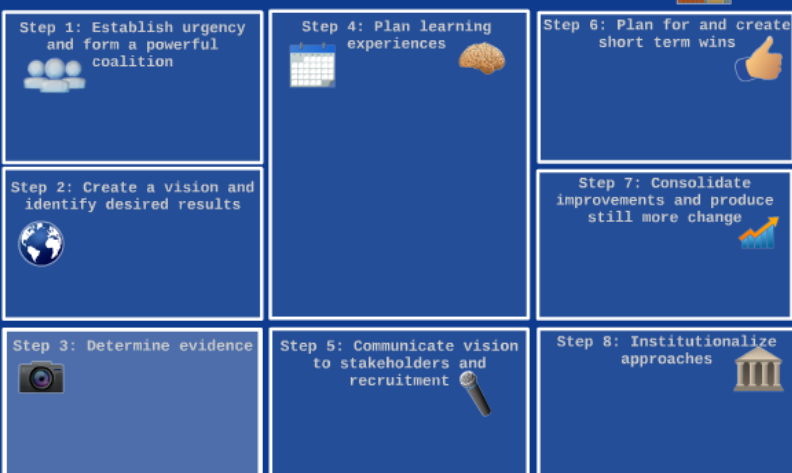
Wiggins, G. P., & McTighe, J. (2005). Understanding by design. Ascd.

8 Steps to transforming your organization

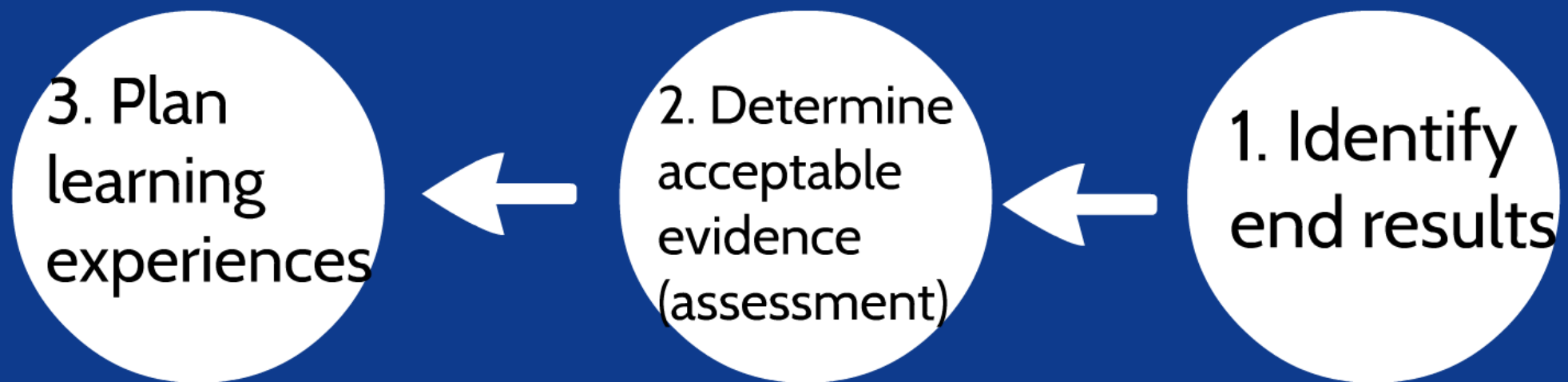


Kotter, J. P. (1995). Leading change: Why transformation efforts fail. Harvard business review 73(2), 59-67.

STAFF DEVELOPMENT BLUEPRINT

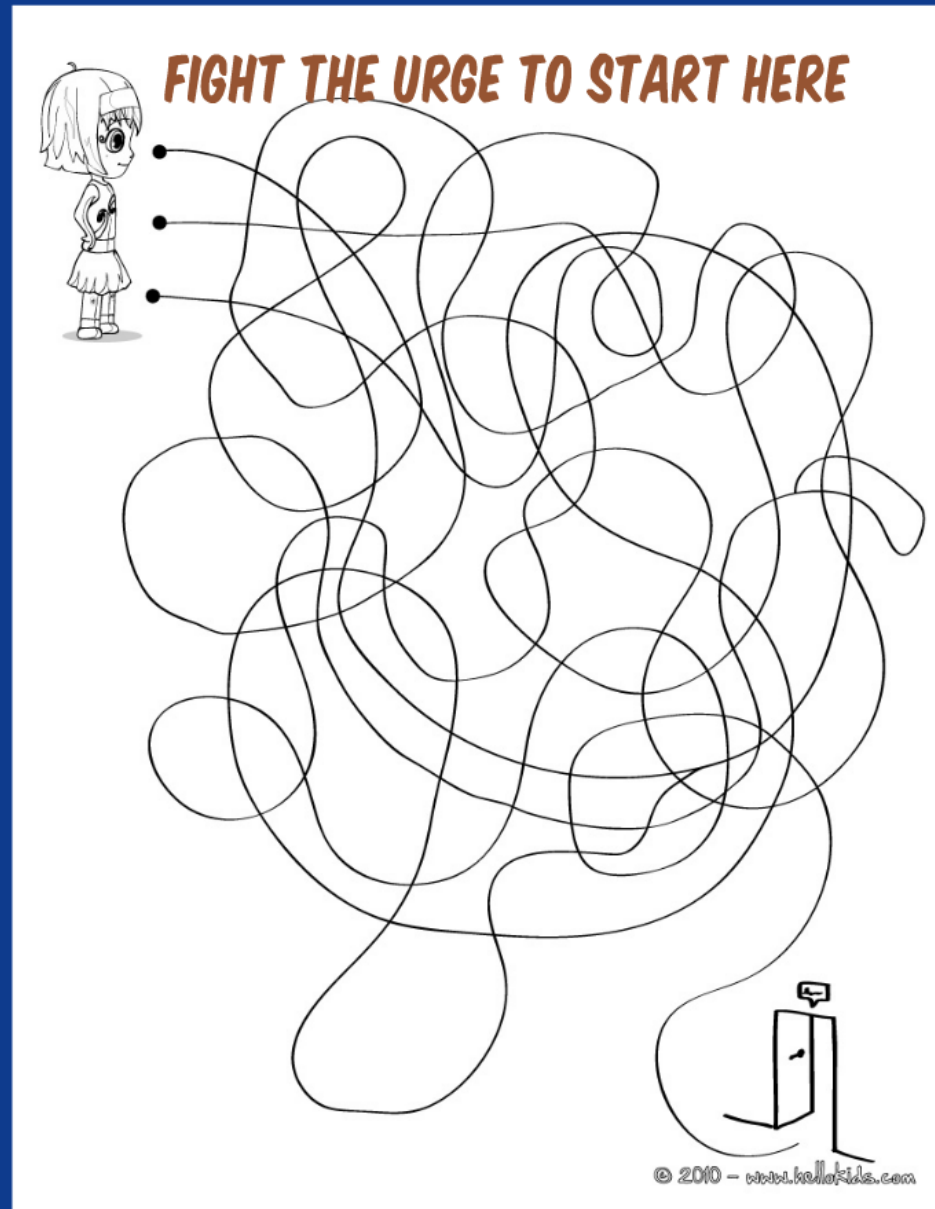


Reverse Engineering Instructional Design



Wiggins, G. P., & McTighe, J. (2005). Understanding by design. Ascd.

Children's Maze



8 Steps to transforming your organization



8. Institutionalize approaches

7. Consolidate Improvements

6. Create wins

5. Empower others to act

4. Communicate vision

3. Create a vision

2. Form Coalition

1. Establish urgency

Kotter, J. P. (1995). Leading change: Why transformation efforts fail. Harvard business review, 73(2), 59-67.

Reverse Engineering Instructional Design



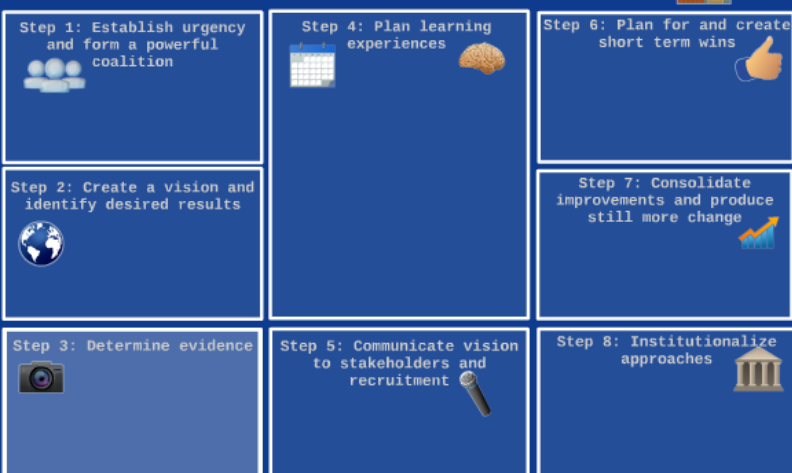
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8 Steps to transforming your organization



Kotter, J. P. (1995). Leading change: Why transformation efforts fail. Harvard business review 73(2), 59-67.

STAFF DEVELOPMENT BLUEPRINT



SESSION PART 1 SCHEDULE

Step 1: Establish urgency
and form a powerful
coalition

Step 2: Create a vision and
identify desired results

***share with table**

Step 3: Determine evidence

***share with table**

Step 4: Plan learning
experiences

SESSION - PART 2

Step 6: Plan for and create
short term wins

Step 7: Consolidate
improvements and produce
still more change

Step 5: Communicate vision
to stakeholders and
recruitment

Step 8: Institutionalize
approaches

***30 min exercise
for sharing ideas**

STAFF DEVELOPMENT PROGRAM BLUEPRINT

Step 1: Establish urgency and form a powerful coalition

The Urgency

The Coalition

Examples

Helpful resources

Step 2: Create a vision and identify desired results

Theory

Helpful resources

Examples

Share

Step 4: Plan learning experiences "How will they learn?"

Theory

Win learner's hearts and minds

Examples

Helpful resources

Step 6: Plan for and create short term wins (2 min)

Examples:

- Reporting out recruitment and/or completion numbers
- Celebrating the first meeting/ discussion
- Celebrating learner accomplishments
- Reporting out good feedback from your program
- Share at staff meetings

Step 7: Consolidate improvements and produce still more change (2 min)

Examples

- Formal surveys or focus groups
- Informal feedback from learners / teachers
- Implementing ideas for improvement
- Have participants share experiences and allow them to take on leadership roles for peers to see their results

Step 3: Determine evidence "How do you know you got there?"

Theory

Helpful resources

Examples

Share

Step 5: Communicate vision to stakeholders and recruitment of learners

Pointers

Examples

- Make it relevant
- Have a "pitch"
- Start with the "why"
- Encourage
- Remove barriers
- Don't give up
- Provide multiple opportunities

- Recruit through:
- Orientations
 - Emails/ Jobbers
 - Calendars
 - Word of mouth!
- Share vision through:
- Meetings
 - Articles
 - Word of mouth!

Step 8: Institutionalize approaches (2 min)

Examples

- Form an organizing committee and set up recurring standing meetings
- Automate (e.g. website, emails, automatic forms)
- Create enough infrastructure that the program still operates even when you leave
- Recruit more members to coalition as needed



Prezi

Break

Step 1: Establish urgency and form a powerful coalition

The Urgency The Coalition

Why do we need to keep learning?



My staff learns well on their own, why do we need formal programming?

- Strategic
- Connect learners
- Motivation
- Accountability systems
- Provide modeling and coaching
- Ensure your organization is learning

Who is going to help you develop others?

- Experts who are teachers
- Shared experience
- Mentors
- Champions
- Good role models
- Have the knowledge, skills and attitudes to lead the program
- Shared responsibility
- Knowledge of content
- Flexibility
- Creativity
- Diversity

Examples

Transitions of care example

Urgency

- Ideal role for pharmacists
- Easier to enact with new electronic medical records
- Greater accountability from performance measures
- Current unsatisfactory practices

Coalition

- 1 student, 1 resident
- 2 Practicing pharmacists
- 2 Pharmacy managers
- 1 School of pharmacy faculty

Code Response

- Urgency
 - Improvement in patient outcomes
 - Pharmacy accountability
 - Involvement in direct patient care
 - Expansion of services
- Coalition
 - Clinical Specialists
 - Clinical Coordinators
 - Clinical Staff Pharmacists
 - Hospital Code team members
 - Simulation lab team

Helpful resources

Resources

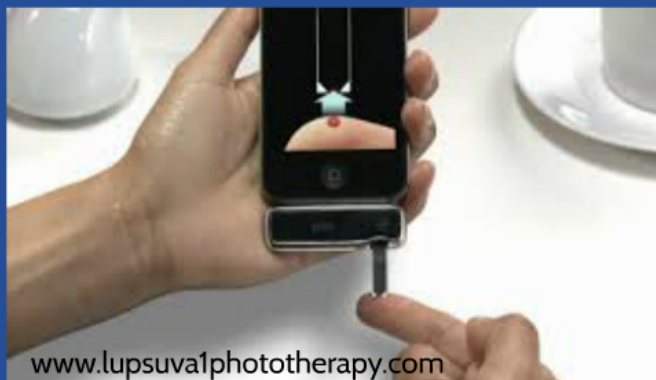
- Organization vision and mission
- Potential end-users/ participants
- Leaders, educators, influencers
- Literature and professional organization reports
- Popular media articles
- Patient stories



Prezi

Step 2: Create a vision and identify

Why do we need to keep learning?



Spending on Meds Hit Record High Last Year

- U.S. News & World Report. April 14, 2015

RAPID CHANGE

HEALTH CARE CRISIS



OPPORTUNITY FOR PHARMACY

My staff learns well on their own, why do we need formal programming?

- Strategic
- Connect learners
- Motivation
- Accountability systems
- Provide modeling and coaching
- Ensure your organization is learning

Who is going to help you develop others?

- Experts who are teachers
 - Have experience
 - Mentors
 - Open
 - Good role models
- Have the knowledge, skills, and attributes to build the program
 - Project management
 - Knowledge of content
 - Motivation
 - Capacity
- Diversity

Transitions of care example

Urgency

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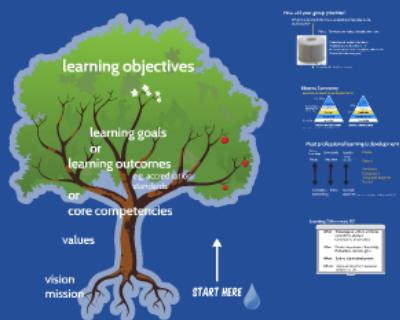
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Step 2: Create a vision and identify desired results

Theory

Game: vision, competency or objective?

1. "Explain the benefits of pharmacist performed medication reconciliation"
 2. "100% capture of all patient's discharge medications"
 3. "Performs medication reconciliations appropriately"
 4. "Adaptability"
- Core Competency: desired individual attributes and values



Helpful resources

Educator resources

- How to write program objectives and outcomes: University of Connecticut: <http://assessment.uconn.edu/docs/HowToWriteObjectivesOutcomes.pdf>
- Writing objectives using Bloom's taxonomy: <http://teaching.uconn.edu/learning-resources/articles-books/best-practice/goals-objectives/writing-objectives>

Competencies for pharmacists

- Burke, J. M., Miller, W. A., Spencer, A. P., Crank, C. W., Adkins, L., Bertch, K. E., & Valley, A. W. (2008). Clinical pharmacist competencies. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 28(6), 806-815.
- Jungnickel, P. W., Kelley, K. W., Hammer, D. P., Haines, S. T., & Marlowe, K. F. (2009). Addressing competencies for the future in the professional curriculum. *American journal of pharmaceutical education*, 73(8).

Examples

Transitions of Care Example

Vision: Every patient's medication is reconciled by a pharmacist

Core Competencies: Service, Self-management, Communication

Competencies:

- Medication Reconciliation
- Communication handoffs
- EHR Documentation
- Workday prioritization

Learning objectives (sample)

- List potential strategies for prioritizing your daily workload
- Perform medication reconciliation on a complex patient

Code Response Example

Vision: The pharmacist as an indispensable member of the code response team

Core Competencies: Emotional regulation, Communication

Competencies:

- Respirator identification
- Preparation of medications
- Choking
- AIDS, trauma, stroke guidelines

Learning objectives (sample)

- Understand the role of a pharmacist during a code
- Be aware of available routes for medication administration during a code
- Know how to dose and prepare drugs commonly used in codes

Share

Develop and Share with your roundtable

Time limit: 10 minutes

Share with your roundtable what you have for Steps 1 and 2

Step 1: Create a vision and identify core competencies	Step 2: Create a vision and identify core competencies
<p>Vision: Every patient's medication is reconciled by a pharmacist</p> <p>Core Competencies: Service, Self-management, Communication</p> <p>Competencies:</p> <ul style="list-style-type: none"> Medication Reconciliation Communication handoffs EHR Documentation Workday prioritization <p>Learning objectives (sample)</p> <ul style="list-style-type: none"> List potential strategies for prioritizing your daily workload Perform medication reconciliation on a complex patient 	<p>Vision: The pharmacist as an indispensable member of the code response team</p> <p>Core Competencies: Emotional regulation, Communication</p> <p>Competencies:</p> <ul style="list-style-type: none"> Respirator identification Preparation of medications Choking AIDS, trauma, stroke guidelines <p>Learning objectives (sample)</p> <ul style="list-style-type: none"> Understand the role of a pharmacist during a code Be aware of available routes for medication administration during a code Know how to dose and prepare drugs commonly used in codes

Game: vision, competency or objective?

1. "Explain the benefits of pharmacist performed medication reconciliation"

Objective: detail the intended outcomes of the program e.g. knowledge, skills, attitudes

2. "100% capture of all patient's discharge medications"

Vision: paints an idealistic picture of the future

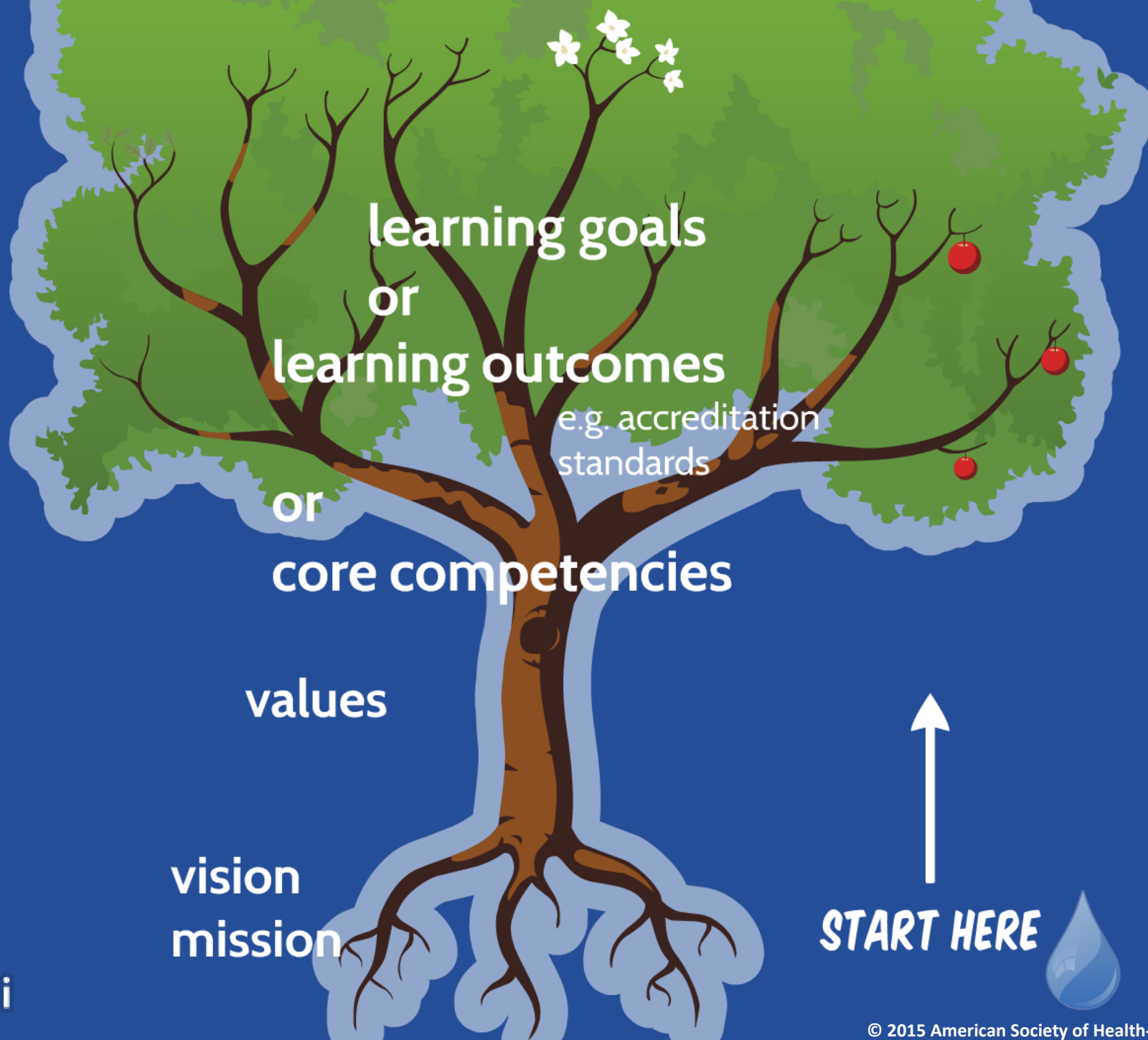
3. "Performs medication reconciliations appropriately"

Competency: teachable outcome, not time-based, emphasizes demonstration, encompasses knowledge, skills and attributes

4. "Adaptability"

Core Competency: desired individual attributes and values

learning objectives



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Learning Differences 101

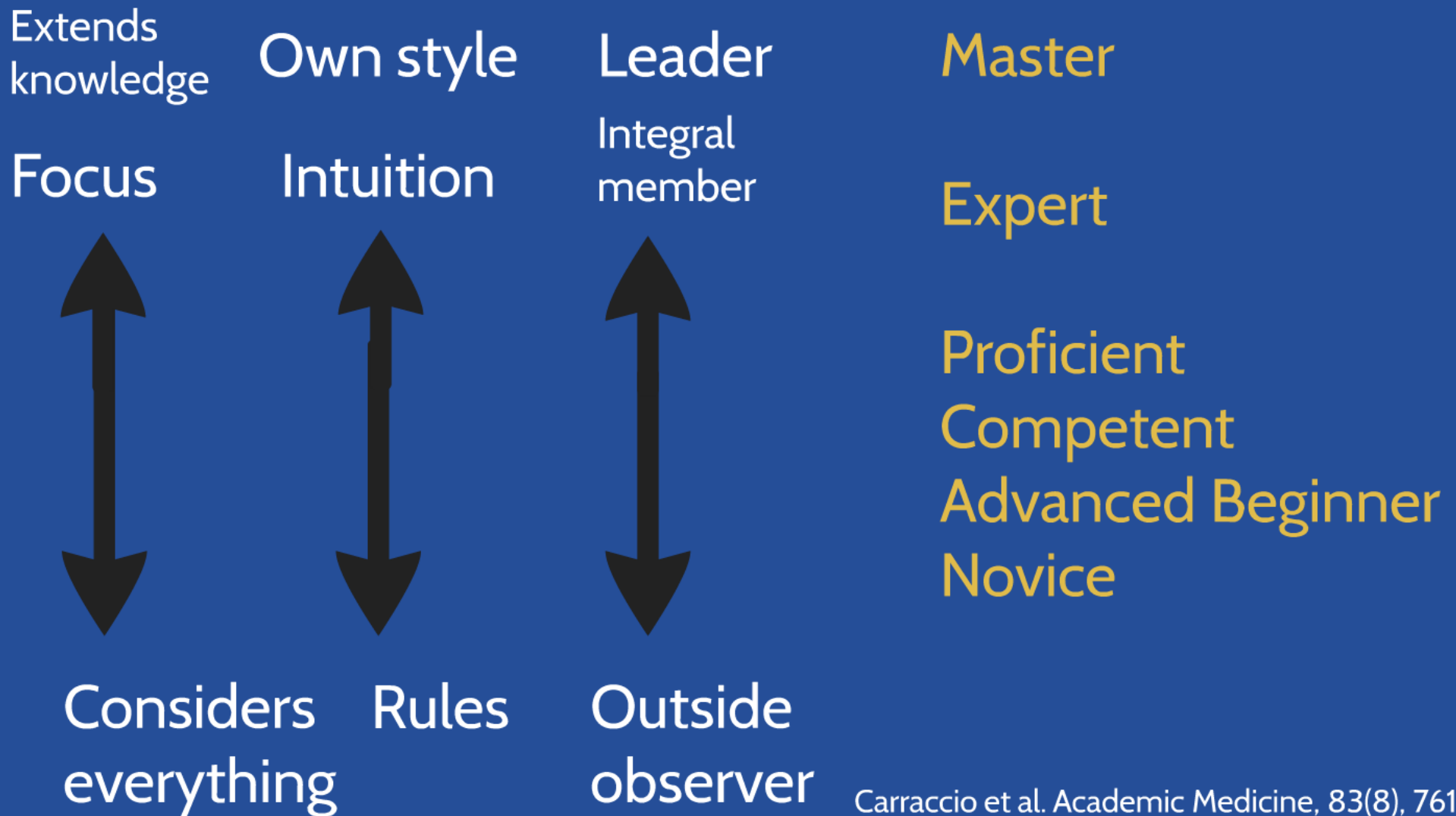
What: Knowledge vs. skills vs. attributes
Concrete vs. abstract
Conscious vs. unconscious

Who: Previous experience / knowledge
Motivations, interests, goals

When: Early vs. late in development

Where: Space, environment, resources
Delivery modes

Most professional learning is development



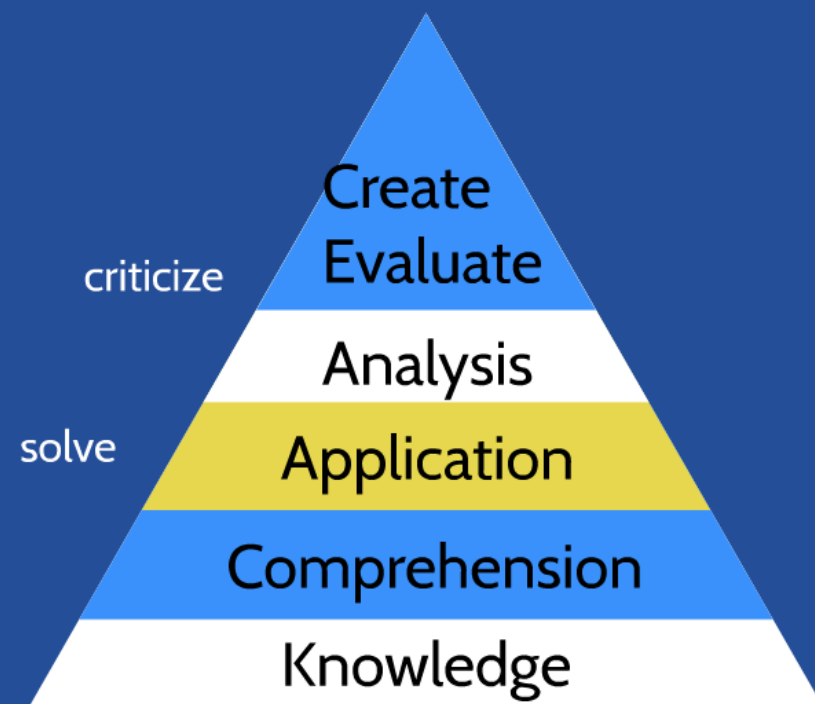
Carraccio et al. Academic Medicine, 83(8), 761-767.

Blooms Taxonomy

WHICH LEVELS ARE REQUIRED FOR YOUR STRATEGIC EFFORTS??



AFFECTIVE (EMOTIONS) DOMAIN



COGNITIVE (THINKING) DOMAIN

Anderson, L. W., Krathwohl, D. R., & Bloom, B. S. (2001). Allyn & Bacon.

How will your group prioritize?

What should students *know, understand, be able to do, and behave?*

Filters - To what extent does the objective have:



Pixabay.com

Value to real-world situations?
Relatedness to the discipline?
Misconceptions that should be addressed?
Potential to be engaging?

Desired results, should be focused

Theory

Game: vision, competency or objective?

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Objective: detail the intended outcomes of the program e.g. knowledge, skills, attitudes

"100% capture of all patient's discharge medications"

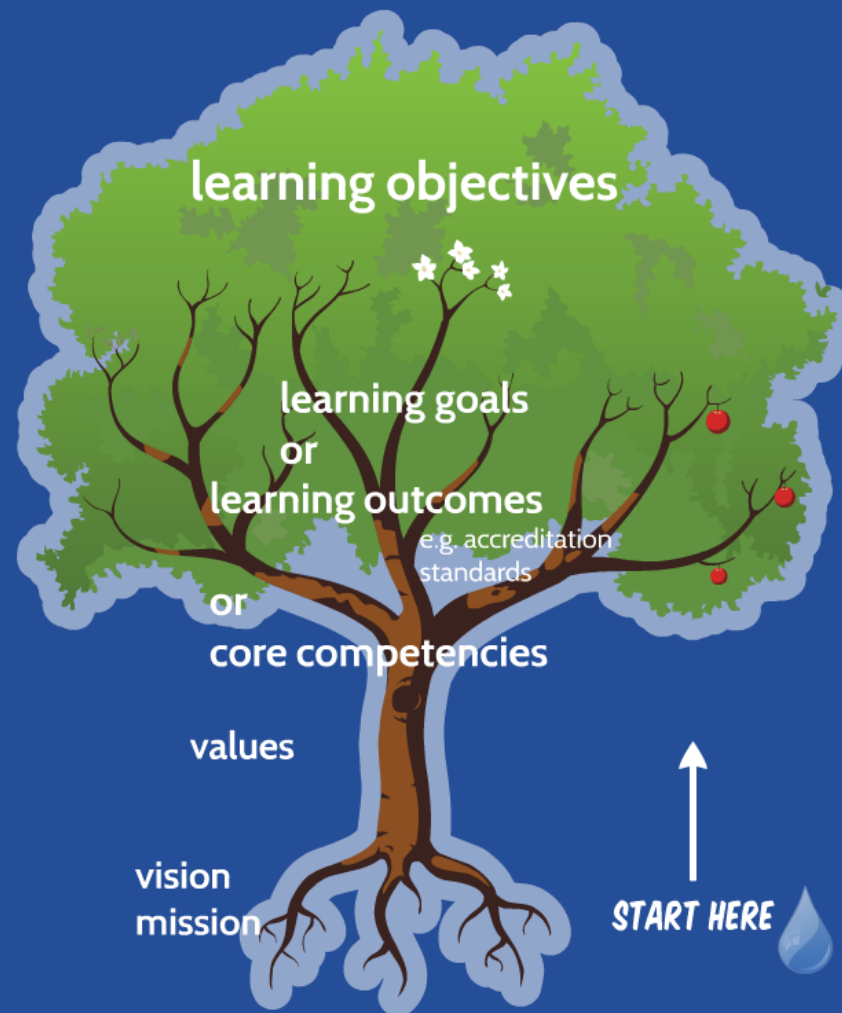
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"Adaptability"

Core Competency: desired individual attributes and values



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What should students know, understand, be able to do, and behave?



Blooms Taxonomy

WHICH LEVELS ARE REQUIRED FOR YOUR STRATEGIC PRIORITY?



Most professional learning is development



Learning Differences 101

What:	Knowledge vs. skills vs. attitudes Concrete vs. abstract Conscious vs. unconscious
Who:	Previous experience / knowledge Motivations, interests, goals
When:	Early vs. late in development
Where:	Space, environment, resources Delivery modes



Examples

Transitions of Care Example

Vision: Every patient's medication is reconciled by a pharmacist

Core Competencies: Service, Self-management, Communication

Competencies:

- Medication Reconciliation
- EHR Documentation
- Communication handoffs
- Workday prioritization

Learning objectives (sample):

- List potential strategies for prioritizing your daily workload
- Perform medication reconciliation on a complex patient

Code Response Example

Vision: The pharmacist as an indispensable member of the code response team

Core Competencies: Emotional regulation, Communication

Competencies:

- Rhythm identification
- Dosing
- Preparation of medications
- ACLS, trauma, stroke guidelines

Learning objectives (sample):

- Understand the role of a pharmacist during a code
- Be aware of available routes for medication administration during a code (IV, ETT, IO)
- Know how to dose and prepare drugs commonly used in codes

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Helpful resources

Educator resources

- How to write program objectives and outcomes: University of Connecticut: <http://assessment.uconn.edu/docs/HowToWriteObjectivesOutcomes.pdf>
- Writing objectives using Bloom's taxonomy: <http://teaching.uncc.edu/learning-resources/articles-books/best-practice/goals-objectives/writing-objectives>

Competencies for pharmacists

- Burke, J. M., Miller, W. A., Spencer, A. P., Crank, C. W., Adkins, L., Bertch, K. E., ... & Valley, A. W. (2008). Clinical pharmacist competencies. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 28(6), 806-815.
- Jungnickel, P. W., Kelley, K. W., Hammer, D. P., Haines, S. T., & Marlowe, K. F. (2009). Addressing competencies for the future in the professional curriculum. *American journal of pharmaceutical education*, 73(8).

Develop and Share with your roundtable

Time limit: 10 minutes

Share with your roundtable what you have for Steps 1 and 2

Step 1: Establish a sense of urgency and form a powerful coalition

What is the ideal team mix (e.g. "preceptors" OR specific names)?

How can I get them on my team (e.g. 1:1 discussion, listserv callout)?

My pitch – why is this needed and important?

Step 2: Create a vision and identify desired results

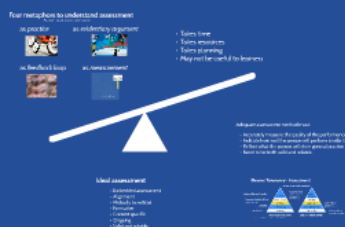


Core competencies (individual attribute or value e.g. empathy):

Participant learning objectives: (at the end of the program, what will they know, be able to do, and behave?)

Step 3: Determine evidence "How do you know you got there?"

Theory



Helpful resources



Examples

Transitions of Care

- Med Rec
- Demonstrates understanding of EHR documentation
- Peer assessment of performance
- Communication, workflow prioritization
- Checks for understanding during group discussions
- Staff development of protocols
- Pharmacist sets, tracks, and reflects on identified learning goals with peer manager

Assessment Ideas

- Assess skills and thinking
- Performance and Rubric assessment
- Peers (writing, critical thinking)
- Case
- Problems
- Critique of case
- Behavior
- Observations
- Situations
- Self-assessment
- Peer-assessment/Peer Review
- Evaluation
- Skills day

Code Response

Simulation



Share

Think and Share with your roundtable

Time limit: 10 minutes

Share with your roundtable what you are thinking for Step 3

Step 3: Determine what evidence you need to know participants achieved desired results.

Assessment ideas

- Assess skills and thinking
- Performance and Rubric assessment
- Peers (writing, critical thinking)
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- Problems
- Critique of other's work
- Behavior
- Observations (structured and unstructured)
- Situations
- Self-assessment
- Peer assessment/Peer Review
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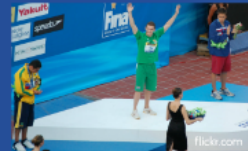
Four metaphors to understand assessment

Mislevy, R. J. (2012). Unpublished manuscript

as practice



as evidentiary argument



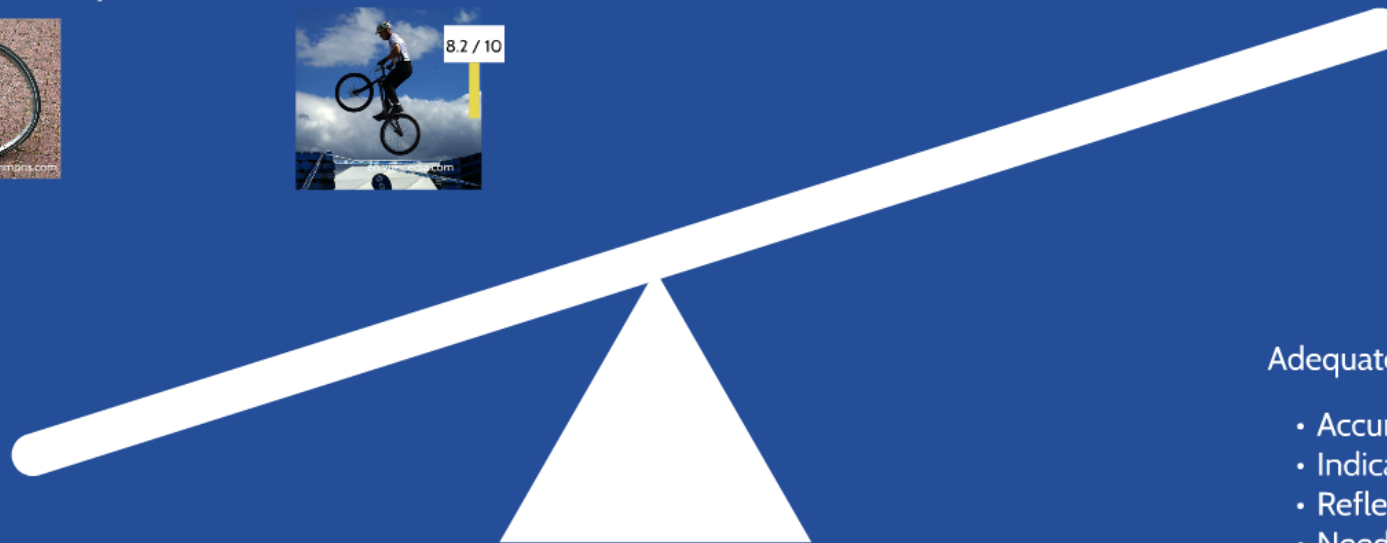
as feedback loop



as measurement



- Takes time
- Takes resources
- Takes planning
- May not be useful to learners



Adequate assessment method must:

- Accurately measure the quality of the performance
- Indicate how well the person will perform in the future
- Reflect what the person will do in general
- Need to be both valid and reliable

Ideal assessment

- Embedded assessment
- Alignment
- Mutually beneficial

Blooms Taxonomy - Assessment



Four metaphors to understand assessment

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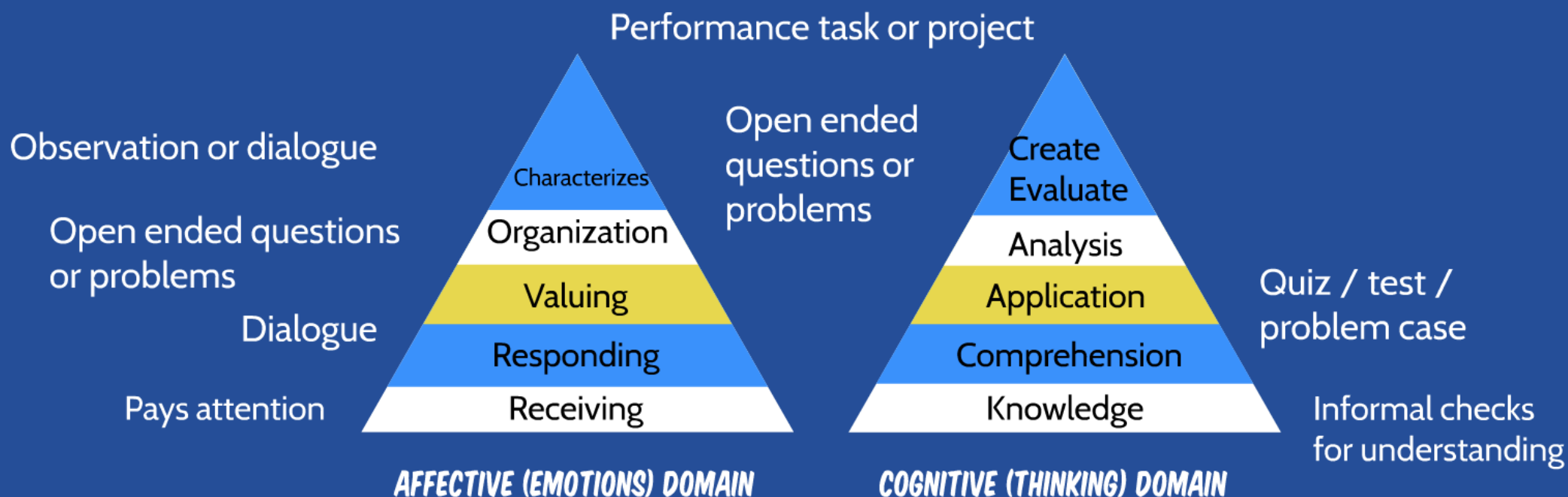
as measurement



Ideal assessment

- Embedded assessment
- Alignment
- Mutually beneficial
- Formative
- Context specific
- Ongoing
- Valid and reliable

Blooms Taxonomy - Assessment



Anderson, L. W., Krathwohl, D. R., & Bloom, B. S. (2001). Allyn & Bacon.

Adequate assessment method must:

- Accurately measure the quality of the performance
- Indicate how well the person will perform similar tasks
- Reflect what the person will do in general practice
- Need to be both valid and reliable

Blooms Taxonomy - Assessment



Examples

Examples of Care

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- Peer-assessment/Peer Review
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**THIS TALK: WE ARE LISTENING TO
 GROUP CONVERSATIONS AND
 SEE YOUR PRODUCTS AT THE
 OF THE WORKSHOP**

Transitions of Care

Med Rec

- Demonstrates understanding of EHR documentation
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Communication, workday prioritization

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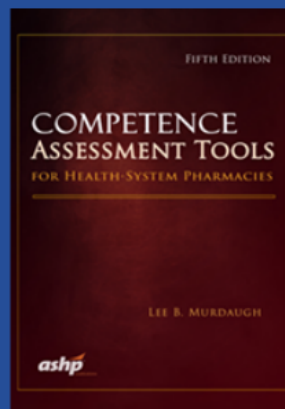
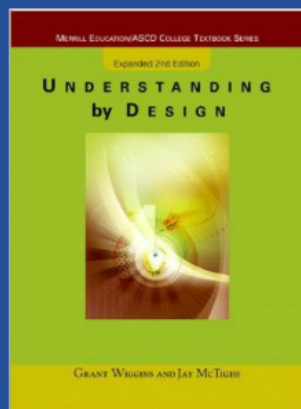
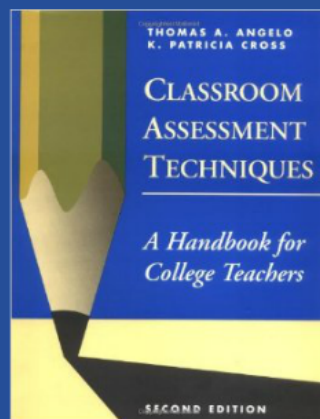
**THIS TALK: WE ARE LISTENING TO
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SEE YOUR PRODUCTS AT THE END
OF THE WORKSHOP**

Code Response Simulation



Resources

Books



Articles

Epstein, R. M. (2007). Assessment in medical education. *New England Journal of Medicine*, 356(4), 387-396.

Eva, K. W., & Regehr, G. (2005). Self-assessment in the health professions: a reformulation and research agenda. *Academic Medicine*, 80(10), S46-S54.

Mislevy, R. J. (2012). Four metaphors we need to understand assessment. Unpublished manuscript.

Patel, V. L., Yoskowitz, N. A., & Arocha, J. F. (2009). Towards effective evaluation and reform in medical education: a cognitive and learning sciences perspective. *Advances in Health Sciences Education*, 14(5), 791-812.

Rhodes, T. L., & Finley, A. P. (2013). Using the VALUE rubrics for improvement of learning and authentic assessment. *Association of American Colleges and Universities*.

Murdaugh L. Competency Assessment Tools for Health-System Pharmacies- 4th Edition

Think and Share with your roundtable

Time limit: 10 minutes

Share with your roundtable what you are thinking for Step 3

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How will we know participants achieved the desired results?

Assessment ideas

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- Problems
- Critique of other's work

Behavior

- Observations (structured and unstructured)
- Simulations
- Self-assessment
- Peer-assessment/Peer Review
- Evaluation
- Skills day

Break

DEVELOPMENT PROGRAM

Step 4: Plan learning experiences

"How will they learn?"

Theory

Questions to ask...

What prerequisite knowledge and skills will learners need?

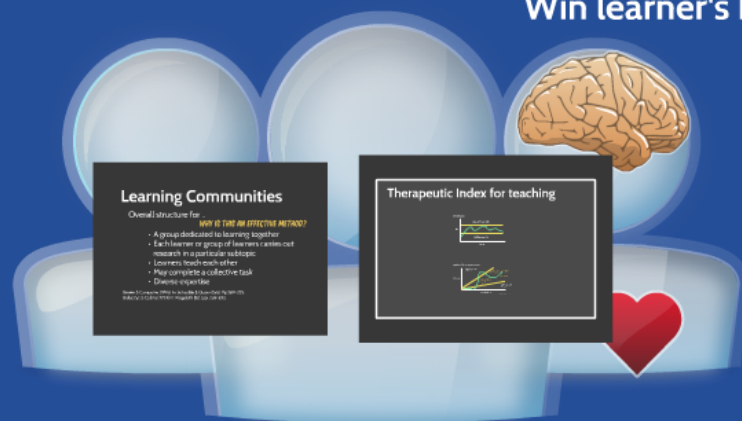
What activities and resources will achieve desired results?

How can the overall design provide learners structure?

How should content be taught so the delivery is...

- Engaging
- Effective
- Feasible

Win learner's hearts and minds



Learning Communities

Overall structure for **WHY IS THIS AN EFFECTIVE METHOD?**

- A group dedicated to learning together
- Each learner is group of learners is assigned research in a particular subtopic
- Learners teach each other
- They complete a collective task
- Creates expertise

From: Communities of Inquiry: Research for the 21st Century. Retrieved from: <http://www.coi-conference.org/>

Therapeutic Index for teaching



Motivation

EXPECTATIONS

"These will contribute to learning" - Goal of the course

VALUES

"These will contribute to learning" - Goal of the course

"These will contribute to learning" - Goal of the course

"These will contribute to learning" - Goal of the course

EMOTIONS

**AUTONOMY
COMPETENCE
RELATEDNESS**

From: R. M. Deci & E. L. Grolnick. American psychologist, 50(1), 62.



Prezi

Questions to ask (again)...

What prerequisite knowledge and skills will learners need?

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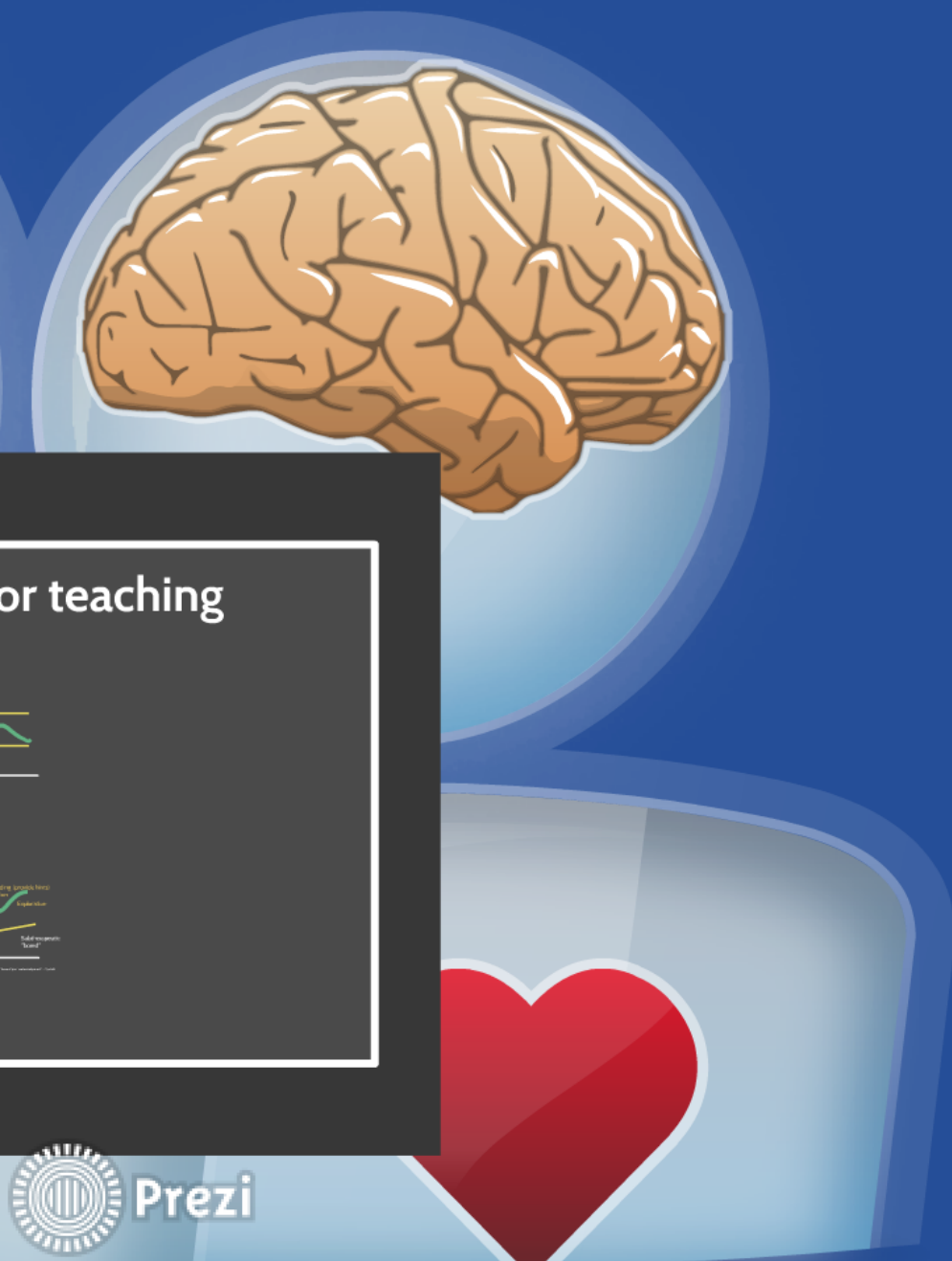
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Win learner's hearts and minds



or teaching



Motivation

EXPECTATIONS

"These skills/attributes can be learned" - Growth Mindset

"I can learn these skills/attributes" - Self-efficacy

VALUES

"These skills/attributes are important"
"These skills/attributes are relevant and beneficial to me"

"I enjoy learning" - Intrinsic motivation

EMOTIONS

Schunk, D. H., Meece, J. R., & Pintrich, P. R. (2012). Pearson Higher Ed.

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AUTONOMY COMPETENCE RELATEDNESS

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Win learner's heart

Learning Communities

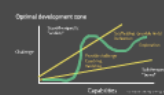
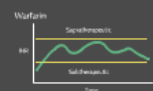
Overall structure for ..

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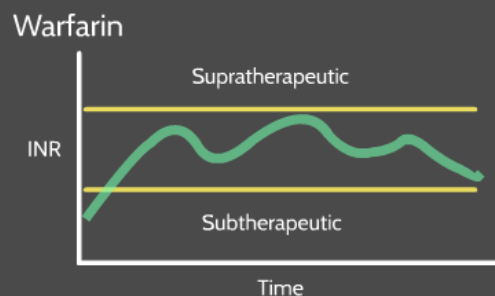
- A group dedicated to learning together
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- Learners teach each other
- May complete a collective task
- Diverse expertise

Brown & Campione (1996) In: Schauble & Glaser (Eds), Pg 289-325.
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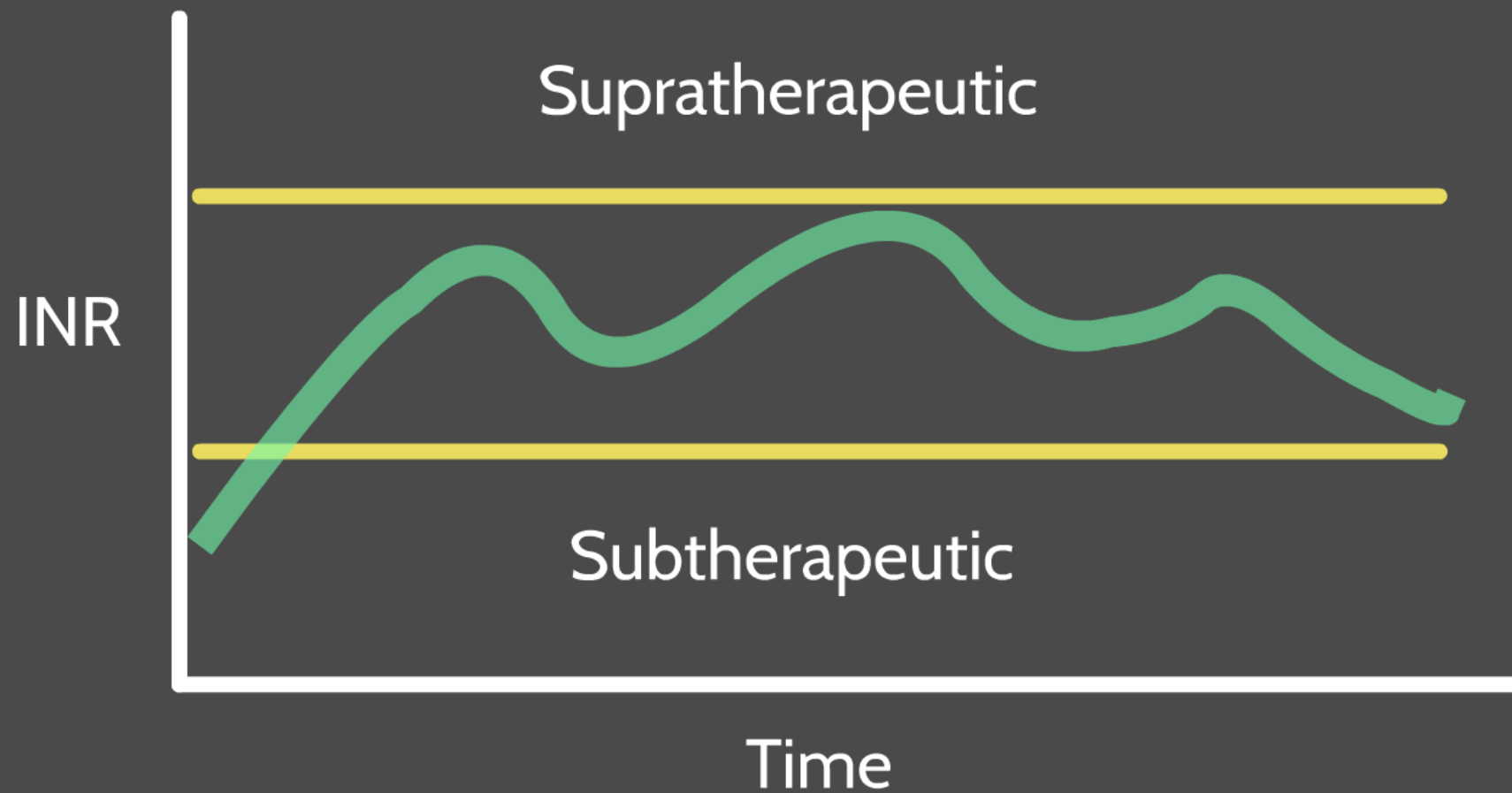
Therapeutic Index for teaching



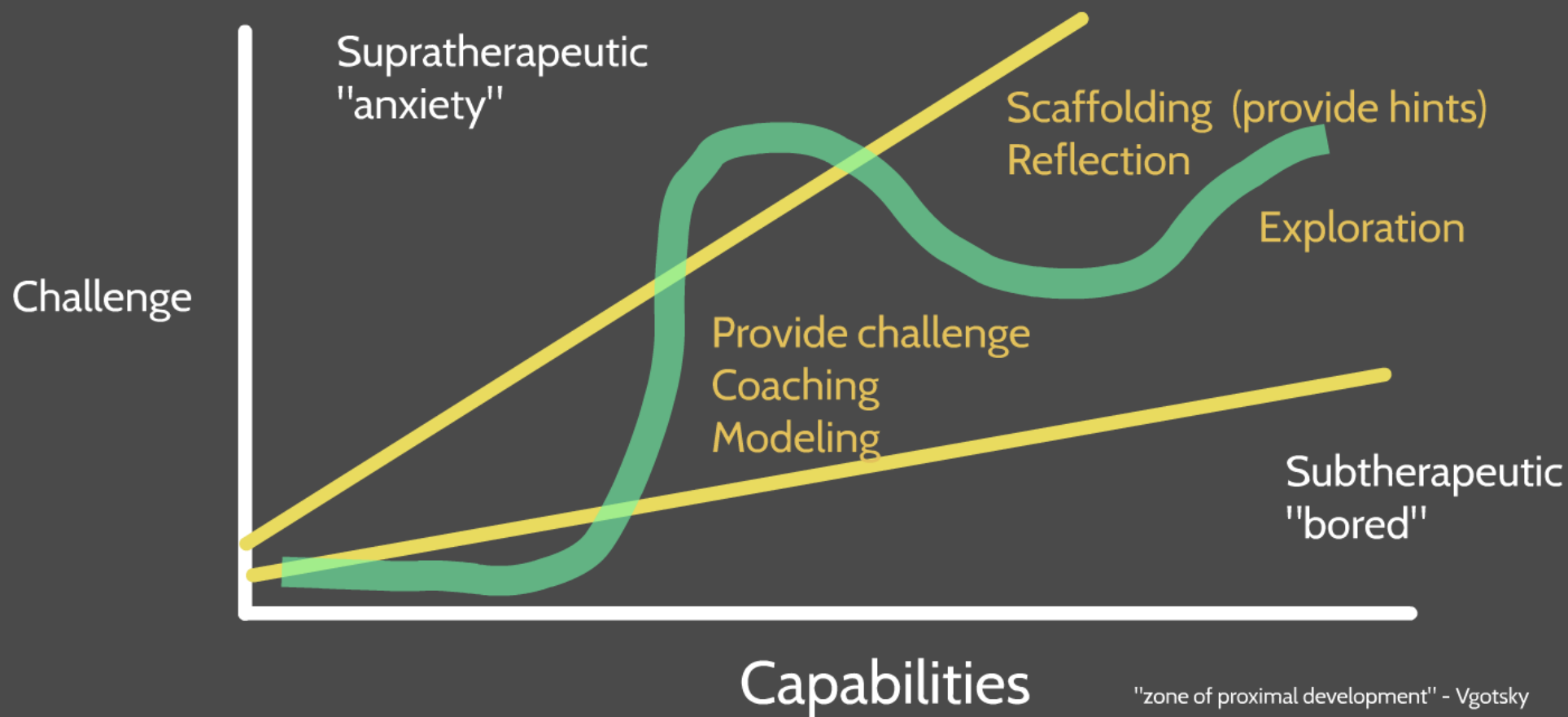
Therapeutic Index for teaching



Warfarin



Optimal development zone





Learning Communities

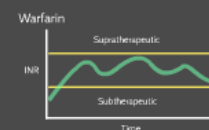
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Therapeutic Index for teaching



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Feasible

Examples



THE APP STORE

AUDIENCE RESPONSE

Learners evaluate their current level of knowledge, preparing them for future learning
e.g. Cases with audience response using mobile devices



- Assessment tool (modify content)
- Large groups
- Application



- Long term retention
- Some people can hide in the crowd
- Not personalized

LECTURE

Variability in active learning techniques and level of engagement
e.g. orientation, TedTalks, vancomycin lecture



- Efficient transmission of knowledge
- No advanced preparation
- Large groups



- Passive
- Retention (no application, work the brain)
- Doesn't develop critical thinking

EXPERT/LEARNER

The expert teaches through modeling, coaching, having learner articulate their knowledge, providing hints, exploring learners questions, and reflection
e.g. kinetics, anticoagulation



- Personalized
- Applied
- Effective (therapeutic index of teaching)



- Variability between apprentices/preceptors
- Time
- Scheduling

PEER/ LEARNING COMMUNITY

Have staff develop and teach each other

e.g. recorded powerpoints with pre/post test and end of year competency assessment



- Staff engagement
- Peers often explain things better
- Collection of presentations



- May not be experts
- May not use active learning techniques

CASES, DISCUSSIONS

Learners identify facts, generate hypotheses, identify their knowledge gaps, engage in self-directed learning, apply knowledge to problem, evaluate the result, and reflect on their learning



- Real scenarios
- Application of the concept
- Development of critical thinking



- Time to work with each employee
- Need to save cases
- Not in real time, more controlled environment

FLIPPED CLASSROOM

Content is off-loaded prior to session so learners come to session prepared to extend their knowledge through active learning
e.g. cases sent ahead of time and then small groups work through answers with expert



- Offload content
- Simple knowledge learned through self-directed learning
- At learners pace
- Deeper learning



- Time for facilitators and participants
- Scheduling
- Engaging learners in active learning

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What would you do scenarios:

Example 1:
Norepinephrine shortage and all can get is from the gray market - what do you do?
Example 2:
You are the on-call manager on the weekend and expeditor calls and says a nurse has an outdated Ativan IV vial which was found in cath lab. What do you do?



- Real scenarios
- Application of the concept
- Development of critical thinking



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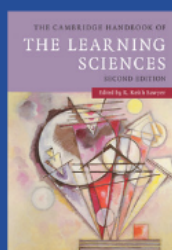
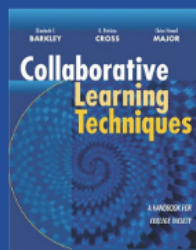
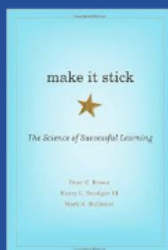
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- Time for facilitators and participants
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- Engaging learners in active learning

Helpful resources

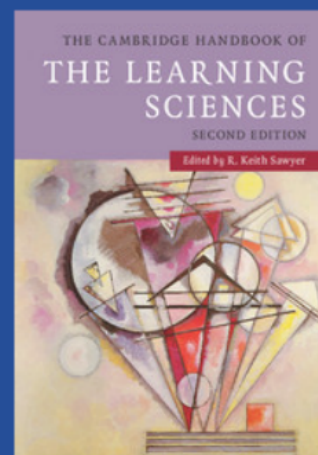
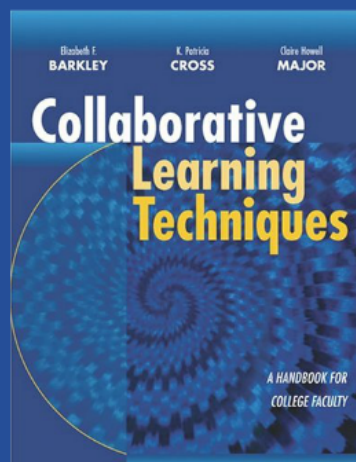
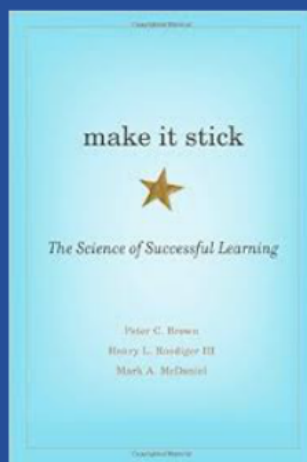
Instructional Design Resources



Theory articles:

- Collins, A., Brown, J. S., & Holum, A. (1991). Cognitive apprenticeship: Making thinking visible. *American educator*, 15(3), 6-11.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge university press.
- Wadsworth, B. J. (1996). *Piaget's theory of cognitive and affective development: Foundations of constructivism*. Longman Publishing.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological review*, 84(2), 191.

Instructional Design Resources



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Step 5: Communicate vision to stakeholders and recruitment of learners

Pointers

- Make it relevant
- Have a "pitch"
- Start with the "why"
- Encourage
- Remove barriers
- Don't give up
- Provide multiple opportunities

Examples

Recruit through:

- Orientations
- Emails/ listservs
- Calendars
- Word of mouth!!

Share vision through:

- Meetings
- Articles
- Word of mouth!!

Pointers

- Make it relevant
- Have a "pitch"
- Start with the "why"
- Encourage
- Remove barriers
- Don't give up
- Provide multiple opportunities

Examples

Recruit through:

- Orientations
- Emails/ listservs
- Calendars
- Word of mouth!!

Share vision through

- Meetings
- Articles
- Word of mouth!!

Step 6: Plan for and create short term wins (2 min)

Examples:

- Reporting out recruitment and/or completion numbers
- Celebrating the first meeting/ discussion
- Celebrating learner accomplishments
- Reporting out good feedback from your program
- Share at staff meetings

Step 7: Consolidate improvements and produce still more change (2 min)

Examples

- Formal surveys or focus groups
- Informal feedback from learners / teachers
- Implementing ideas for improvement
- Have participants share experiences and allow them to take on leadership roles for peers to see their results

Step 8: Institutionalize approaches (2 min)

Examples

- Form an organizing committee and set up recurring standing meetings
- Automate (e.g. website, emails, automatic forms)
- Create enough infrastructure that the program still operates even when you leave
- Recruit more members to coalition as needed

Take 10 minutes

1. Continue filling out your worksheet, don't worry if it is not done
2. Place colored dots on your worksheet which you would like feedback on



Super struggle



Little struggle



Learning Community Activity - Provide Feedback on each other's worksheets

1. Tape your worksheet to the wall
2. Get in pairs or groups of three. Bring some post-it notes
3. Travel around the room, providing feedback to other attendees

Example

Leadership Program Blueprint

Name(s) of program champion(s)	Existing program or new idea?	Target audience (eg. students, preceptors, residents, pharmacists, blended...)	Target number of participants (eg. 20)	Program Location (eg. UNC medical center)

<p>Step 1: Establish a sense of urgency and form a powerful coalition</p> <p>What is the ideal team mix?</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>How can I enroll them?</p> <p>Problem statement:</p> <p>Importance statement:</p>									<p>Step 4: Plan learning experiences and instruction</p> <p>What learning theory will we use? _____</p> <p>What prerequisite knowledge will participants need to achieve desired results?</p> <ul style="list-style-type: none"> • • • <p>What activities and resources will achieve desired results?</p> <ul style="list-style-type: none"> • • • • • • • • • <p> HAVING STUDENTS PROPOSE IDEAS</p> <p>How should content be taught so the delivery is engaging, effective, and feasible?</p>	<p>Step 6: Plan for and create short term wins</p> <p>Will we need to sacrifice any initial ideas for feasibility?</p> <p>How can we build momentum with participants?</p> <p>How can we build momentum for the organization/stakeholders?</p>
<p>Step 2: Create a vision and identify desired results</p> <p>Program vision:</p> <p>Participant learning objectives: (at the end of the program, what will they know, be able to do, and behave?)</p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>									<p>Step 5: Communicate vision to stakeholders and recruitment</p> <p>What value do we bring to the organization/stakeholders? How can we engage them?</p> <p>What value do we bring to participants? How can we recruit participants?</p>	<p>Step 7: Consolidate improvements and produce still more change</p> <p>How will we evaluate and continually improve the program?</p>
<p>Step 3: Determine what evidence you would need to know participants achieved desired results</p> <p>How will we know participants achieved the desired results?</p>	<p>Step 8: Institutionalize approaches</p> <p>How will we sustain the program?</p> <p></p>									

**SHARK TANK
COMPETITION**

**INVOLVE STUDENTS
IN DEPT
BRAINSTORMING
ACTIVITY**

**PITCH
COMPETITION**

**ADD TO SOMEONES JOB
DESCRIPTION**

**FORM A
COMMITTEE**

**HAVE STUDENTS
FACILITATE THE
PROGRAM**

Learning Community Activity - Provide Feedback on each other's worksheets

2. Tape your worksheet to the wall
3. Get in pairs or groups of three. Bring some post-it notes
4. Travel around the room, providing feedback to other attendees

**TAKE 20 MINUTES
RETURN AT...**

SHARE

3-4 groups volunteer to share their staff development and competency idea

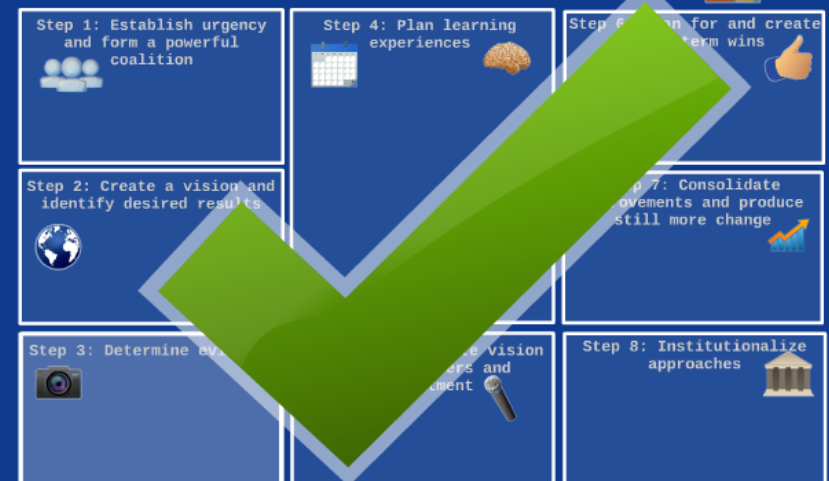
- What are you going to develop?
- Who is on your team?
- What is your vision?
- What are your goal/competencies?
- How will you assess it?
- How will you teach it?
- How will you set up so that it becomes permanent?

Conclusion

Usual and Customary

1. Come up with an idea you want to implement
2. Select lots of content
3. Decide on learning activities
4. Throw in some assessment
5. Set up a time, invite people
6. Become discouraged when participants do not engage or learn

STAFF DEVELOPMENT AND COMPETENCY PROGRAM BLUEPRINT



QUESTIONS?

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