Developing a National Competency Framework for Kenya

Claire Anderson, University of Nottingham & Nilhan Uzman, International Pharmaceutical Federation

The Kenya Nottingham SPHEIR project aims to co-develop new pharmacy and chemistry curricular in 5 Kenyan universities. As part of the project University of Nottingham is working with FIP and five Kenyan universities to develop a national competency framework for pharmacy education to match the learning outcomes with population/health needs. This paper aims to describe the development process.

A pilot needs analysis was carried out at University of Nairobi and learning outcomes were mapped against competencies and behaviours using the FIP Global Competency Framework (GbCF). This was followed by a mapping exercise with a broad range of participants at a stakeholder meeting at Maseno University. They were asked to identify the key skills and competencies need and employability drivers for pharmacists in Kenya based on sectors. The next meeting was held in June with Kenyan, African and international stakeholders to gain a better understanding of how pharmacy services are distributed across Africa and discuss how to evaluate what the health needs are in Kenya and gather some ideas for an in-depth Health Needs Assessment.

The curriculum in Kenya was not yet matched with the following competencies:

- Public health
- Consultation and communication skills
- Medicines management and optimization
- Documentation
- Evidence based decision making
- Leadership, management, team playing, risk management
- CPD behaviours
- Interprofessional collaboration
- Ethics and integrity
- Basic emergency care

In developing the National Competency Framework for Kenya we will make sure that additional local needs will be met. Further multi-stakeholder meetings will be held with two other Kenyan universities to further refine what needs to be included in a national competency framework for Kenya.

References
1. UKAID. Strategic Partnerships for Higher Education Innovation and Reform https://www.spheir.org.uk/about/partnerships
ASSESSMENT OF PHARMACY STUDENTS' KNOWLEDGE AND ATTITUDES TOWARDS GERIATRIC PHARMACY EDUCATION AND OLDER ADULTS: FINDINGS FROM MULTIPLE UNIVERSITIES IN MALAYSIA

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Objective: The proportion of the Malaysian geriatrics has increased from 1 million to 2.2 million between 1991 to 2010. This increment will make up a greater proportion of the clinical work of almost every healthcare providers. Consequently, the need of geriatric care education will increase. This study attempted to assess the pharmacy students’ knowledge and attitude towards geriatric education and older people to gauge their preparedness to provide a quality care to this population.

Design or Method: A self-administered questionnaires were distributed among final-year pharmacy students in 5 different public and private Universities in the Klang Valley area, Malaysia. The survey included 3 sections: sociodemographic section, assessment of knowledge section using a validated 28-item Geriatric Knowledge Assessment Scale (to measure students’ geriatric knowledge in the areas of aging disease, physical activity, drug therapy, and nutrition) and assessment of attitudes towards geriatrics education.

Results: A total of 311 students participated in the study (response rate is 70.01%). The mean total score of Geriatric Knowledge Assessment Scale was 15.6 ± 3.7 (minimum: 2 to maximum: 27). Majority of students (80%) in our study agreed that taking course focused on geriatric care is essential and they are interested to gain further knowledge and training in geriatric care.

Conclusion: The findings showed that the students have an average knowledge in the different areas of the geriatric care. This further reaffirms the need for incorporating the geriatrics education and training into pharmacy curriculum to improve their quality of service in the future.
An Exploration of Pharmacy Education Researchers’ Perceptions of and Experiences Conducting Qualitative Research: Challenges and Benefits.

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UNC Eshelman School of Pharmacy
University of North Carolina at Chapel Hill

BACKGROUND AND PURPOSE

The purpose of this study was to investigate pharmacy education researchers’ (i.e., faculty, postdoctoral fellows, pharmacy/graduate students, and residents) experiences conducting qualitative research (including challenges and barriers) and their perceptions of qualitative research in pharmacy education (QRPE).

RESEARCH QUESTIONS

1) What concerns impede pharmacy educators from employing QRPE?
2) What are the barriers and challenges of employing QRPE?
3) What are pharmacy educators’ perceptions of the benefits of employing QR?

METHODS

- One-time, in-depth interviews were conducted with 19 participants using a semi-structured protocol.
- Participation Criteria: (a) identified as a pharmacy faculty, postdoctoral fellow/scholar, resident, graduate student; and/or staff member; (b) affiliated with an accredited school/college of pharmacy; and (c) experience conducting pharmacy educational research (e.g., quantitative, qualitative, and/or mixed methods).

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Employment/Trainee Classification</th>
<th>Conducted Qualitative Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Faculty or Staff</td>
<td>Yes</td>
</tr>
<tr>
<td>n=15 (78.9%)</td>
<td>n=15 (78.9%)</td>
<td>n=16 (84.2%)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Despite the increasing application of rigorous qualitative approaches in many health science fields today, it mostly remains underutilized in pharmacy. In an attempt to catalog pharmacy education researchers’ perceptions of and experiences conducting qualitative research, we provide empirical evidence to an anecdotal dialogue that has long existed in pharmacy education regarding qualitative research. The findings from this study are especially useful in pharmacy and pharmaceutical sciences as the need to address complex problems intensifies in a rapidly evolving environment. Whether as a standalone method or combined with quantitative approaches, qualitative approaches may provide a suitable solution to advance pharmacy educational research.

RESULTS

Pharmacy Educators’ Qualitative Training Experiences
- Received formal qualitative research training via courses taken to fulfill degree requirements
- Received “on the job training”: Informal qualitative research training

“Informal training has been basically I guess you'd call it immersion. I've gotten involved with projects that involved qualitative approaches and so I learned by going through that process what I know about qualitative research… I've been through two projects like that. In each case I learned from others who were more experienced how qualitative work was done.” (Armando, faculty member)

Barriers and Challenges to Considering and Conducting Qualitative Research in Pharmacy Education
- “Barrier to entry”: Lack of training and exposure.
- Recruitment of participants and collecting data
- Resources needed to analyze qualitative data (e.g., time, people, funds)
- Perceptions of the lack of acceptability, value, and appreciation of qualitative research in pharmacy education

“As pharmacists, we're taught to be so discrete and about numbers and things that are measurable, that sometimes qualitative research gets put in the backseat compared to everything else...Because I think some people do understand it, but they don't appreciate it. Some people don't understand it, and don't appreciate it. I think some people know what you're doing and they understand what you're doing; they just don't think it's robust. Where some people don't even know what it is, I mean wouldn't even know what it is to even have the capacity to appreciate it.” (Willie, faculty member)

Perceived Benefits of Employing Qualitative Research in Pharmacy Education
- Exploratory nature of qualitative research and the need to answer complex research problems
- The richness of qualitative data
- Answering questions qualitative research may not be best positioned to answer
- Providing a holistic view of a problem or solution via mixed methods

I think a lot of the questions that we need to ask can’t be answered quantitatively. I still kind of come to this with bias that quantitative research answers some questions better than qualitative research can, but there’s definitely a place for qualitative research. (Gwendolyn, faculty member)
OBJECTIVES
1) Determine the relationship between longhand (LH) notetaking versus laptop (LT) notetaking and pharmacy students’ exam performance
2) Identify differences in test performance between native English speakers (EPL) and students for whom English is a foreign language (EFL)
3) Describe differences in attitudes and behaviors in notetaking among students enrolled in a pharmacy health systems course

METHODS
Students in the intervention (LH) group (n = 11) utilized only paper & pencil to take notes. Student performance on subsequent exams were compared across the two groups (n = 75 LT notetakers) and against performance on the first exam.

English primary language students (n= 49) were compared on performance across all three examinations versus those self-designating as EFL (n = 37).

Students completed a self-administered survey of notetaking & studying strategy behaviors after completing the course.

SUMMARY OF RESULTS
Subsequent block exam scores favored LH notetakers (p = 0.1) and EPL students (p < 0.01). LH reported taking fewer notes, being less easily distracted, & more likely to begin encoding during class. EFL students were less satisfied with the quality of their notes and reportedly less likely to have students borrow their notes.

SELECTED QUOTES FROM LH
“I think my grade improved b/c I learned how to better study.” “Encourage other students to try it. I use different colored pens, and that is very helpful.” “Didn’t have to think about connectivity, malfunctions, or other problems.” “It reduced the total time I needed to study for exams.”

CONCLUSIONS
1. Faculty can consider these results in the pedagogical delivery & assessment in a diverse classroom.
2. Faculty should promote varied, effective notetaking strategies.
3. University & college administrators might reconsider student recruitment & also provide adequate support.

REFERENCES
ASSESSMENT OF MENTAL HEALTH FIRST AID SKILLS THROUGH SIMULATED PATIENT ROLE-PLAYS WITH MENTAL HEALTH CONSUMERS: RUBRIC DEVELOPMENT AND RELIABILITY TESTING

Sarira El-Den, Claire L. O’Reilly, Rebekah J. Moles, Randi Zhang
School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Australia

CONCLUSIONS:
• Interrater and test re-test reliability of the rubric was high, for combined cases, while differences across cases informed modifications to the cases and items.
• A limitation of the study was the unequal distribution of participants to each case.
• Simulation allows participants to demonstrate how they would apply their newly acquired skills, post-training, and should accompany self-report evaluations.


<table>
<thead>
<tr>
<th>RATIONALE</th>
<th>METHODS</th>
<th>RESULTS</th>
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<tbody>
<tr>
<td>• MHFA is integrated into the BPharm curriculum</td>
<td>Interrater reliability</td>
<td>Fleiss Kappa (n=96)</td>
</tr>
<tr>
<td>• Interrater reliability</td>
<td>• Each student role-play is marked by 3 raters (tutor, consumer and student)</td>
<td>• Combined cases: 0.571 (p&lt;0.001)</td>
</tr>
<tr>
<td>• Post-MHFA training, students are assessed based on simulated patient role-plays with consumers with lived experience (6 cases)</td>
<td>• Fleiss Kappa (pass/fail)</td>
<td>• Per case: -0.038-0.822</td>
</tr>
<tr>
<td>• Assessment is marked using a 12-item rubric developed based on the MHFA Action Plan</td>
<td>• ICC of item scores (0-2) and overall scores (0-24)</td>
<td>ICC (n=96)</td>
</tr>
<tr>
<td>• Is the newly developed rubric reliable?</td>
<td>Test re-test reliability</td>
<td>• Combined cases: 0.703 (CI: 0.577-0.795)</td>
</tr>
<tr>
<td></td>
<td>• Audio recordings marked twice, four weeks apart</td>
<td>• Per item: -0.552 to perfect agreement</td>
</tr>
<tr>
<td></td>
<td>• Pearson’s correlation</td>
<td>• Combined cases: 0.868 (p&lt;0.001)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Per case: 0.774, p&lt;0.001; 0.815, p=0.093; 0.868, p&lt;0.001; 0.955, p&lt;0.001 for each case</td>
</tr>
</tbody>
</table>

Do actual behaviours improve?

Improvements in self-reported confidence in supporting people experiencing crises (e.g. suicide)
Effective interprofessional teamwork is essential to deliver quality outcomes for patients. However, evidence suggests that interprofessional collaboration in healthcare is suboptimal. Interprofessional education (IPE) has therefore been embedded in Pharmacy undergraduate programmes to promote interdisciplinary collaboration. This IPE involves students training to become healthcare professionals (HCPs). Whilst the relationship with HCPs is vital, there is evidence that the relationship with support staff is similarly important. In this study, the objective was to understand the relationship between community pharmacists and receptionists in General Practitioner (GP) practices.

Community pharmacists were recruited by purposive, snowball sampling. Semi-structured interviews were conducted to understand pharmacists’ relationships with GP receptionists. Interviews were transcribed verbatim and inductive thematic analysis undertaken.

Fifteen community pharmacists were interviewed. Participants reported daily interactions with GP receptionists. Key themes which emerged from the data were:

(i) The receptionist’s broker role in enabling pharmacist interactions with the GP “The receptionists are quite open to getting them (the HCP) to come and talk to you.”

(ii) the receptionist’s broker role as a barrier to interactions with the GP “I feel that sometimes the receptionists are the barrier, they will try to do anything they can to you know, just get rid of you basically.”

(iii) the receptionist being helpful in resolving patient-related issues “(GPs) don’t have time to deal with that and we don’t have time to wait for them to call us back so we deal with the receptionists there, they get the issues sorted for us most of the time.”

(iv) the need for a good relationship with the receptionist “I think the fact that we have built up such a good relationship with the receptionist in there I think that this makes it easier and they sort of believe, they trust what I say.”

GP receptionists are members of the wider multidisciplinary team and play a significant role in ‘brokering’ interactions between pharmacists and GPs. Participants in this study found interactions with receptionists to often be frustrating, with some citing the receptionist as the main barrier to interactions with GPs. Although there were a variety of reasons for this, participants indicated that receptionists don’t understand the pharmacist’s role. Given the importance of the GP receptionist in facilitating interactions between pharmacists and GPs, and a lack of shared understanding of roles, it would be beneficial to develop IPE activities that include the GP receptionist in order to foster collaboration.

References
The objectives of this study are: to examine the current state of workforce development; to identify relevant needs to further progress the workforce; and to establish recommendations for future workforce development projects.

**Study Design**

A systematic literature search of electronic databases (PubMed and EMBASE) to identify literature on pharmacy workforce development within the Commonwealth.

A survey to pharmaceutical organisations within the Commonwealth in 2018 to identify country-level progress towards implementing the FIP Pharmaceutical Workforce Development Goals.

14 out of 37 commonwealth countries responded to the survey sent out in 2017 and/or 2018.

**Conclusion**

- This study highlights wide variation of progress and needs across the Commonwealth.
- Further research is required to determine the most effective methods of addressing pharmacy workforce development needs.
THE QUALITIES OF AN EFFECTIVE WORK-BASED PHARMACIST TUTOR

Adenola Olayide, University College London; Graham Davies, Kings College London; Barry Jubraj, Kings College London

Objective: To identify the key qualities of an effective Work-Based Pharmacist Tutor (WBPT)

Design: A literature review was conducted which informed the design of an e-questionnaire using a Likert scale. This consisted of qualities grouped under three clusters: educator, practitioner and personal qualities. Sixteen expert reviewers were selected from three major pharmacy sectors namely hospital, academia and community, based on their level of educational experience. A modified Delphi technique was selected based on literature review findings. Experts ranked their top qualities from a list of qualities in the e-questionnaire. Consensus was deeded to be met when 80% or more of the experts found a quality to be necessary.

Results: Experts agreed upon 36 qualities of a WBPT after the first modified Delphi round. A second modified Delphi round reduced the number of agreed qualities to 20. The top six qualities ranked by the experts were 1) Be a good communicator; 2) Encourage trainees to reflect on their practice; 3) Display honesty, trustworthiness and integrity; 4) Be able to consult effectively with patients; 5) Possess the appropriate knowledge and skills to practise; 6) Be a role model and practise ethically. These results coheres with literature findings for other health professions including medicine, dentistry and nursing.

Conclusion: This study has identified 20 agreed qualities that cohere with other health professions and map against the Advanced Pharmacy Framework of the Royal Pharmaceutical Society. We recommend that the pharmacy regulator (General Pharmaceutical Council) and Health Education England consider incorporating these qualities in WBPT training programmes. We hope that developing these qualities in Work-Based Pharmacist Tutors will raise the standard of tutoring in the profession. Future research could be undertaken to validate the agreed qualities in this study.
AN IMPLEMENTATION PLAN FOR INTERCULTURAL LEARNING
WITHIN A COLLEGE OF PHARMACY
Ellen Schellhase, PharmD and Monica L. Miller, Pharm D, MS
Purdue University, West Lafayette, Indiana

BACKGROUND:
Pre-professional and professional healthcare education focuses on building clinical and technical skills however, there is little time focused on building empathy and intercultural competence.

PURPOSE:
The objective of this programming initiative was to provide intercultural education with a focus on empathy and healthcare for all students in a college of pharmacy.

ASSESSMENT:
• Two cohorts of students have completed the Intercultural Development Inventory™ during the first professional year and will complete again during the final professional year.
  - The assessments demonstrate that the majority of students begin in polarization or on the cusp of minimization (n=266; developmental orientation (DO): 87.32; perceived orientation (PO): 118.96).
• Additional scales to measure empathy (Chen/Kiersma Empathy Scale) and cultural intelligence (CQ™) were used to assess student growth following curriculum-embedded activities.

CONCLUSION: By working with key College and University partners, a robust intercultural learning program has been longitudinally implemented that includes several individualized assessment measures.
An Advance Pharmacy Practice Experience (APPE) for a Pharmacist E-Consultation Service with Primary Care Providers
Marie Smith, PharmD, FNAP and Erika Vuernick, PharmD

INTRODUCTION

To develop an APPE with an innovative, technology-enabled, virtual team pharmacy practice model with primary care providers (PCPs). We designed an APPE rotation for PharmD student involvement to collaborate with PCPs who do not have access to a clinical pharmacist. Most non-academic PCPs do not have access to a pharmacist in their practices. For the past 3 years, PCPs have used e-consultations to send questions to medical colleagues (e.g., cardiologists, dermatologists) when they have a complex case or need a second opinion on treatment options. Our service positions clinical pharmacists as the pharmacotherapy specialist available to PCPs. PCPs use secure electronic technology to send a pharmacist a patient-specific pharmacotherapy question.

METHODS / APPROACH

PCPs send an e-consultation that includes the medication-related question, pertinent patient health information and lab results, and current patient medication list. The APPE students reviewed the e-consultation question and pertinent patient info, assessed the current med list, and wrote an actionable recommendations to PCPs for review by the fellow, and the e-consult note was sent to the PCP within 48 hours of receiving an e-consult question. This demonstrates a pharmacy practice transformation opportunity where pharmacists are a virtual health team member with primary care practices.

RESULTS and CONCLUSIONS

Students learned to: (1) assess data in an e-consultation format; (2) write concise and actionable notes for treatment recommendations; and (3) document clinical pharmacist assessments, recommendations, and time involved to propose reimbursement for pharmacist e-consultation services.

Pharmacist e-consultations are a practical method of introducing clinical pharmacist expertise to PCPs in non-academic settings. Healthcare technology enables the integration of clinical pharmacist expertise as a virtual team member to address complex medication-related questions from PCPs.

E-CONSULT QUESTION and NOTE

**Pharmacist Assessment**

- Oral SGLT2 inhibitors with proven CV benefit + known to help improve weight loss
- Options (considered based on Medicare insurance plan variations):
  - Empagliflozin (Jardiance) (#1 choice)
  - 10mg PO QD, may increase to 25mg if needed
  - Dapagliflozin (Farxiga)
  - 5mg PO QD, may increase to 10mg if needed
  - Canagliflozin (Invokana)
  - 100mg OD (prior to first meal), may increase to 300mg if needed

- AEs include UTI infection, Fournier’s gangrene, dehydratation/dehydration, renal failure, hypoglycemia, hyperkalemia, increased LDLs and hypoglycemia in conjunction with sulfonylurea or insulin. If selecting a SGLT-2 inhibitor, counsel pts on set of hypoglycemia and Rule of 1/5 for treatment of hypoglycemia.

**Pharmacist Recommendations**

1. Recommend a SGLT-2 inhibitor for cardio-protective/weight-loss
2. If selecting a SGLT-2 inhibitor: Empagliflozin (Jardiance) – see assessment for dose & AEs.
3. Counsel patient on risk of hypoglycemia.

<table>
<thead>
<tr>
<th>E-consult Info</th>
<th>Pharmacist Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications:</strong></td>
<td>• Oral SGLT2 inhibitors with proven CV benefit + known to help improve weight loss</td>
</tr>
<tr>
<td>Metformin 1000mg PO BID</td>
<td>Options (considered based on Medicare insurance plan variations):</td>
</tr>
<tr>
<td>Glimepiride 4mg PO BID</td>
<td>- Empagliflozin (Jardiance) (#1 choice)</td>
</tr>
<tr>
<td>Amlodipine 10mg PO QD</td>
<td>- 10mg PO QD, may increase to 25mg if needed</td>
</tr>
<tr>
<td>Oxydrene/APE 10/225mg</td>
<td>- Dapagliflozin (Farxiga)</td>
</tr>
<tr>
<td>1-2 tabs PO q6hrs PRN</td>
<td>- 5mg PO QD, may increase to 10mg if needed</td>
</tr>
<tr>
<td>Netrapladuccinate 25mg</td>
<td>- Canagliflozin (Invokana)</td>
</tr>
<tr>
<td>PO QD</td>
<td>- 100mg OD (prior to first meal), may increase to 300mg if needed</td>
</tr>
<tr>
<td>Rosuvastatin 20mg PO QHS</td>
<td><strong>Pharmacist Assessment</strong></td>
</tr>
<tr>
<td>Albuterol HFA 99mcg/qns 1 puff PO 4x/day PRN</td>
<td>• Oral SGLT2 inhibitors with proven CV benefit + known to help improve weight loss</td>
</tr>
<tr>
<td>Aspirin 81mg PO QD</td>
<td>Options (considered based on Medicare insurance plan variations):</td>
</tr>
<tr>
<td>Benztropine 1mg PO BID (if shaky)</td>
<td>- Empagliflozin (Jardiance) (#1 choice)</td>
</tr>
<tr>
<td>Pantoprazole 20mg PO QD</td>
<td>- 10mg PO QD, may increase to 25mg if needed</td>
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</table>

**Provider Question:**

I am working with a 64 yo male with uncontrolled diabetes. The patient does not want to start insulin. What other oral agents would you suggest?

- Vitalis: Temp 99.5°F, Ht 6’6” in, Wt 250.2 lbs, BMI 36.7, BP 127/76, HR 80, RR 18, current smoker (6/day x 48 years), pain scale 8.02 sat 95%
- Current Atc 9.3%
- Current CCR: 1.05 mL/min
- No hx of ASCVD or CHF

**Pharmacist Assessment**

- Oral SGLT2 inhibitors with proven CV benefit + known to help improve weight loss
- Options (considered based on Medicare insurance plan variations):
  - Empagliflozin (Jardiance) (#1 choice)
  - 10mg PO QD, may increase to 25mg if needed
  - Dapagliflozin (Farxiga)
  - 5mg PO QD, may increase to 10mg if needed
  - Canagliflozin (Invokana)
  - 100mg OD (prior to first meal), may increase to 300mg if needed

- AEs include UTI infection, Fournier’s gangrene, dehydratation/dehydration, renal failure, hypoglycemia, hyperkalemia, increased LDLs and hypoglycemia in conjunction with sulfonylurea or insulin. If selecting a SGLT-2 inhibitor, counsel pts on set of hypoglycemia and Rule of 1/5 for treatment of hypoglycemia.
Objective: To develop a framework that will provide clarity and definition to our understandings of professionalism and what it means to be a pharmacy professional.

Method: A qualitative research approach (Merriam, 2009) was utilized to construct an understanding of professionalism and what it means to be a pharmacy professional. Data were collected using a variety of methods including focus group, small group discussions, popular culture artefacts, meetings with internal and external stakeholders, a survey, word clouds, and research notes. A comparative analysis technique (Merriam, 2009) was used to code and categorize data. Categories arose from the analysis of coded data and literature review. Member checking was used to refine the categories.

Results: Three categories constructed professionalism: values, profession, and individual. The values category had the largest presence, in terms of the number of descriptors provided for pharmacy professionals. The data in the three categories were sub-categorized into six tenets: person-centered, use good judgement, collaborator, leader, values, and active learner. A definition of professionalism was constructed through the categorization process.

Conclusion: This research approach produced a framework constructed from the various understandings and experiences of our stakeholders as to what professionalism is, what it means to be a pharmacy professional, and the characteristics of a pharmacy professional. For pharmacy professionals, professionalism is demonstrated by those who have a profound sense of altruism and ethical conduct to promote the health of individuals and their communities across the continuum of care. This leads to members of the public and colleagues having confidence, respect, and trust in what they do and feeling genuinely cared for. An engaged pharmacy professional is one who embraces the full scope of their practice and, through the establishment of meaningful, professional relationships with their patients and colleagues, emanates the tenets of having a person-centered approach to their professional service, uses good judgement, collaborates, leads, has a strong set of values, and is an active learner.
LEADERSHIP 101 for INTERN PHARMACISTS

Michelle Vienet¹, Kirstie Galbraith¹, Brigid McInerney¹, Karen Whitfield².
1. Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Parkville, Victoria, Australia.
2. School of Pharmacy, University of Queensland, Brisbane, Queensland, Australia.

Results
- Seventy-four intern pharmacists participated in the workshop in 2018
- Trend for intern pharmacists to demonstrate improved leadership knowledge at the conclusion of the workshop

<table>
<thead>
<tr>
<th>Intern Knowledge</th>
<th>Pre workshop</th>
<th>Post workshop</th>
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<tbody>
<tr>
<td>Rostering identified as a management task</td>
<td>69%</td>
<td>96%*</td>
</tr>
<tr>
<td>Transformational style of leadership identified as allowing for other people to have greatest influence</td>
<td>40%</td>
<td>54%</td>
</tr>
<tr>
<td>Followship identified as increasingly associated with leadership today</td>
<td>25%</td>
<td>56%</td>
</tr>
<tr>
<td>Vision for the future best differentiates how a leader rather than a manager influences teams</td>
<td>22%</td>
<td>68%</td>
</tr>
</tbody>
</table>

* McNemar’s test p=0.001

Intern workshop evaluation
- 88% intern pharmacists agreed: It is relevant to incorporate leadership training in the intern year
- 97% intern pharmacists agreed: Interns could learn leadership principles
- 86% intern pharmacists disagreed: Leadership training should be reserved for more senior pharmacists

The most important aspect of the workshop that I found relevant:
“Showing that leadership is not just reserved for people in positions of leadership, everybody can drive change”
“Describing the difference between leadership and management and relating them to the intern year”

Conclusion
Intern pharmacists responded positively to a leadership workshop. Their knowledge of leadership principles improved. This workshop will become an annual event.

Background
Leadership and management competencies are now included in scope of practice for all pharmacists at entry to the profession.¹

Objective
To investigate intern pharmacist knowledge of leadership principles and to report on a workshop undertaken to assist intern pharmacists explore leadership principles.

Method
A 90 minute interactive workshop was designed covering:
- leadership and management principles
- leadership styles
- reflection of personal leadership styles
- application of the advanced performance criteria for management and leadership ¹
Interns completed a pre and post workshop survey to determine knowledge of leadership principles. A workshop evaluation was also completed. Basic descriptive statistics of frequency and percentage were calculated for each question. Ethics approval was granted.
ASSESSORS’ PERSPECTIVES ON INTERPRETATION OF AGGREGATED NARRATIVE ASSESSMENT DATA

Kyle John Wilby, School of Pharmacy, University of Otago, Dunedin, New Zealand*
Diana Dolmans, School of Health Professions Education, Maastricht University, Maastricht, Netherlands
Zubin Austin, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Canada
Marjan Govaerts, School of Health Professions Education, Maastricht University, Maastricht, Netherlands
*Study conducted at the College of Pharmacy, Qatar University, Doha, Qatar

Objective
To explore how assessors process and bring meaning to narrative data written by others about student communication skills in OSCEs

Background
Increasing calls for the use of narrative data in assessment to substantiate judgments
Despite evidence of credibility, narrative data written by others is challenging to interpret

Methods
1. OSCE Writing Narrative Comments
2. Think Aloud
10 expert assessors review aggregated data
3. Between Case Analysis
Thematic analysis using each assessor as a case

Results
Assessors bring 3 perspectives to the data:
1. Student
2. Examiner
3. Professional
Assessors place themselves ‘in the shoes’ of their dominant perspective when interpreting comments

Conclusion
Assessors’ perspectives may be a source of variability in interpretation of performance data

Fig 1. Perspectives In Response to: “Took watch off in middle of interaction”
**Health Promotion in High Schools: Student Reflections on a Core Curriculum Activity**

Sarah C. Willis, Emma Williams, David G. Allison, The University of Manchester, UK

**Objective:** Peer education effective in health promotion (World Health Organisation, 2006; Lockspeiser et al, 2008; Singh, 2010); benefits for educators include developing leadership skills and social responsibility (Badura et al, 2000).

We report here perceived impact on y3 students of being a peer educator.

**Design:** Y3 MPharm students delivered a workshop to high school children (aged 14-16) on either antibiotic resistance, alcohol, diabetes, mental health or sexual health awareness.

**Reflections captured in CPD record**

**Results:** Students reflected on impact on team working, presentation, communication and engagement skills, application of learning, and importance of sharing knowledge

“We had been able to raise mental health awareness among young adults. It was really good to be in the position of delivering the information...I am sure this is an important role in my future career as a pharmacist”

“A good opportunity to adapt my language and approach to a younger audience...not [had] the opportunity for this at university but will have to in practice”.

**Conclusion:** Being a peer educator helps students practice future health promotion role, and develops communication skills