



Contents lists available at ScienceDirect

Research in Social and Administrative Pharmacy

journal homepage: www.rsap.org

Pharmacist perceptions of competency: Identifying priority areas for a competency program development at an academic medical center

Jami E. Mann ^a, Lindsey B. Amerine ^a, Kayla Waldron ^a, Michael D. Wolcott ^b,
Jacqueline E. McLaughlin ^{b,*}

^a University of North Carolina Medical Center, 101 Manning Drive, CB#7600, Chapel Hill, NC, 27514, United States

^b UNC Eshelman School of Pharmacy, The University of North Carolina at Chapel Hill, 301 Pharmacy Lane, CB#7355, Chapel Hill, NC, 27599, United States

ARTICLE INFO

Article history:

Received 4 April 2017

Received in revised form

20 July 2017

Accepted 20 July 2017

Keywords:

Competency development

Needs assessment

Pharmacy practice

Therapeutic knowledge

Professional development

ABSTRACT

Background: Competency-based education models can serve as valuable resources for providing quality continuing education and professional development in healthcare. However, competency development programs can be stifled by scarce stakeholder involvement and insufficient recognition of resource challenges. Engaging pharmacists in program development can inform program design and prioritization of needs.

Objective: To describe a process to assess pharmacist perceptions about competency development and to inform program design by identifying high priority topic areas based on perceived value, confidence in abilities, and frequency of use by pharmacists.

Methods: Pharmacists at a large academic medical center were surveyed to examine opinions regarding competency development and identify perceived departmental value, personal confidence, and frequency of use for nine competency topic areas. Responses were aggregated to create scores for each of the three criteria related to the nine topics. Priority areas were topics with the highest relative scores in perceived value and frequency of use and lowest relative scores in confidence compared to the other areas.

Results: Survey responses were collected from 105 pharmacists (78.9% response rate). A majority indicated that competency assessment is a shared responsibility between the organization and individual pharmacists. Therapeutic knowledge was identified as the competency requiring the most immediate attention as it was perceived to have the highest departmental value and highest frequency of use, yet participants indicated low confidence regarding the topic.

Conclusions: Competency development is a critical aspect of ensuring pharmacists are prepared for the rapidly evolving needs of the healthcare system. Organizations play an important role in identifying and developing pharmacist competencies aligned with institutional and individual needs. This study suggests that pharmacists and leaders at an academic medical center identified a shared responsibility for competency development. The process described here may provide a model for other medical centers with similar competency development needs.

© 2017 Elsevier Inc. All rights reserved.

1. Introduction

Healthcare professionals must be prepared to navigate rapidly evolving practice environments as the complexities of patient care and medication management expand. Often, individuals engage in continuing education or institutional professional development

strategies to remain abreast of advances in medical knowledge and technical skill sets.¹ These efforts frequently lack rigorous proficiency evaluations, provide minimal opportunities for self-assessment and continuous quality improvement, and are self-selected to topics of interest instead of areas that may best align with organizational needs.^{2,3} There is a heightened global awareness to ensure continuing professional development and education is effectively integrated into the lifelong learning of pharmacists in a meaningful manner.⁴ To ensure providers are equipped for emerging healthcare needs, health professions education has

* Corresponding author. UNC Eshelman School of Pharmacy, 329 Beard Hall, CB#7355, Chapel Hill, NC, 27599, United States.

E-mail address: Jacqui_mclaughlin@unc.edu (J.E. McLaughlin).

<http://dx.doi.org/10.1016/j.sapharm.2017.07.008>

1551-7411/© 2017 Elsevier Inc. All rights reserved.

begun to embrace competency-based models to aid practitioner development.⁵

The term *competency* has variable definitions depending on its context and purpose. In medical education and within this research, *competency* refers to the measurable abilities that incorporate essential knowledge and skills that compose the standards and expectations of professionals to provide comprehensive, optimal patient care.⁶ *Competency-based education and competency-based models* refer to outcomes-based frameworks used to design, organize, implement, assess, and evaluate education programs.^{5–7} Competency-based education and competency assessment is intently focused on ensuring individuals have demonstrable abilities in providing safe and effective patient care consistent with professional performance standards that extend beyond licensure requirements.⁷ Furthermore, competency-based models can be readily modified to respond to changing health-care or professional needs as they arise, minimize lapses in practitioner knowledge and skill sets, and ultimately transform health professions education.⁶

In pharmacy practice, the development and assessment of pharmacist competencies are driven by societal demand, regulatory requirements, and professional necessity. The role of the pharmacist continues to expand globally, which leads to increased scrutiny of pharmacist competency to ensure safe provision of healthcare services to the public.^{8,9} In the United States, the Joint Commission (TJC) serves as an accrediting body responsible for outlining the expectations of healthcare professionals and organizations to address public concerns. Currently, employees are required to demonstrate competency through documentation representative of the individual's "clinical knowledge, experience, and capabilities", which are deemed to be "appropriate for assigned duties per the requirements of the minimum data set for competency".¹⁰

To provide additional guidance, national organizations, such as the American Society of Health System Pharmacists (ASHP)¹¹ and American College of Clinical Pharmacy (ACCP),¹² as well as international organizations, such as the International Pharmaceutical Federation (FIP),¹³ have outlined recommended competencies for institutional and clinical pharmacists to best represent professional standards from a macroscopic perspective. While these recommendations provide valuable guidance for the profession, they tend to lack sufficient specificity necessary for program development and assessment within individual organizations. Moreover, the recommendations and assessment methods offered often focus on establishing knowledge of suggested topics, as opposed to demonstration of technical skills (e.g. drug compounding, preparation, etc.) or social competencies (e.g. collaboration, communication). As a result, institutions are left with the need to generate site-specific competency requirements identified by site experts or administrators to address perceived needs from an organizational perspective.

Competency program development, therefore, has the potential to engage multiple stakeholders in an effort to align individual and organizational values that optimize educational practices and provide opportunities for continuous professional development.⁵ Competency programs in pharmacy practice remain an underrepresented area in organizational research. Although there has been heightened discussion of competency-based education and assessment in the health professions¹⁴ and pharmacy education,¹⁵ few studies effectively outline the development and evaluation of competency-based programs and assessment strategies.¹⁶ The earliest and most frequent examples of competency programs in pharmacy practice are those centered on continuing education regarding content-specific attributes.^{17,18} For example, the literature is stippled with descriptors of programs on clinical antibiotic

dosing,¹⁷ pharmacology,^{18–20} antimicrobial stewardship,²¹ cancer services,²² leadership topics,²³ and general staff development.²⁴ In most cases, the details provide insight into generic attributes of the program development process and outcomes measured by participant satisfaction^{22–24} and knowledge obtained through an examination or attendance.^{17,18,20,21} There is a growing need for research to include more comprehensive information about program development, especially those that have a wide range of unique and valuable assessment strategies. Guidance is provided by several examples in the literature that evaluate the impact of competency programs on accepted interventions offered by pharmacists,¹⁹ improvements in prescribing practices,²⁵ and demonstrations of enhanced skill sets through performance assessments.^{25–29}

Although these examples are meaningful to the profession, a significant gap in the competency program development literature remains based on several limitations, including scarce stakeholder involvement, insufficient recognition of resource challenges, and negligence in promoting lifelong professional development. First and foremost, organizations must identify competencies through the engagement of pertinent stakeholders to ensure alignment with individual and organizational values. This is a unique challenge that requires balance on behalf of the institution to outline competencies that can be applicable to a broad range of practice settings while still accommodating distinctive needs. Studies have demonstrated standards and competencies tend to vary based on differences in relatively dichotomous settings, such as community versus inpatient³⁰ and rural versus urban³¹ pharmacy practices. A study of Thai pharmacists further exemplified how the perceived value of competencies can vary among pharmacists in industry, marketing, community, hospital, education, and public health; however it does not support the exclusion of competencies from practice settings as many are not mutually exclusive and can be applicable across environments.³² Overall, there is a vested interest to explore, describe, and evaluate competency development programs that embody stakeholder and organizational values that are not limited to specific domains.^{33,34}

Secondly, research regarding competency development programs must account for resource demands at the organizational level. Several studies have attempted to define the vast array of competencies expected from pharmacists from graduation through continued practice^{31,33,35}; however, organizations should consider prioritizing select number of competencies to minimize burden and optimize resource utilization.^{7,36} Initial competencies should, therefore, be those agreed upon by stakeholders as having high value and frequency of use to encourage their engagement.

Lastly, the design of competency development programs should effectively promote the expansion of practitioner knowledge and skills while encouraging lifelong learning and professional development. To optimize the effectiveness of competency programs, pharmacists should understand the process, practicality, and utility of the program. Failure to make these objectives explicit can reduce the efficacy of the program. For example, the National Competency Standards Framework (NCS) in Australia outlines annual requirements for pharmacists to demonstrate their competency with the intention to incorporate pharmacist continuing professional development practices. Despite advancements in the program, pharmacists recently reported a lack of familiarity, practicality, and relevance of the NCS among other challenges with the program.³⁷

Given the variable nature of practice sites and pharmacists' roles and responsibilities, organizations must develop competency models that engage key stakeholders, account for core institutional values and resources, and adequately address the perceptions of participants so that they are able to both refine their abilities while contributing to organizational culture that extends beyond maintenance of minimum requirements. This type of work requires a

Download English Version:

<https://daneshyari.com/en/article/8521708>

Download Persian Version:

<https://daneshyari.com/article/8521708>

[Daneshyari.com](https://daneshyari.com)