#### Embracing technology to assess skills and competencies using eLearning, video critique and avatars as national accreditation to deliver enhanced services

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#### HEIW – who are we?

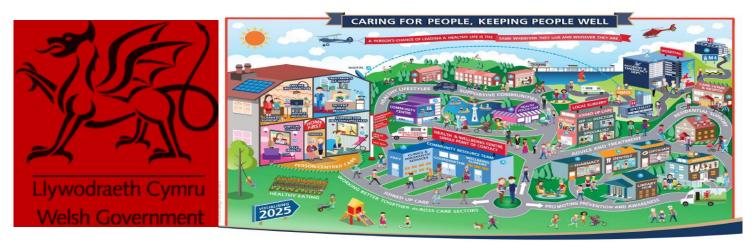




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#### Background

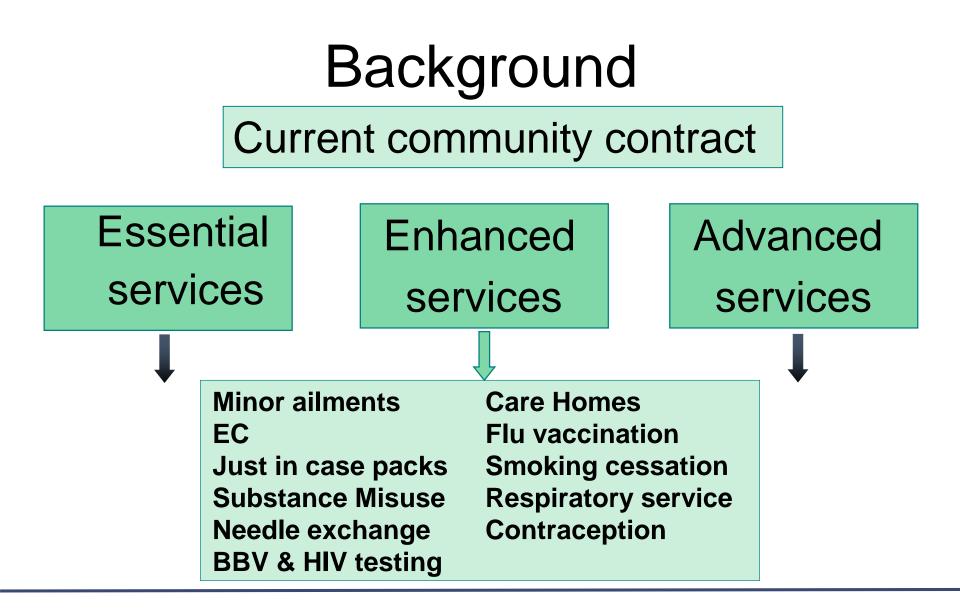






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# Aim of the project

- 1. Deliver a more streamlined approach to accreditation and reaccreditation
- 2. Provide a more flexible approach for all services and is less reliant on face to face training
- Increase the competence of the pharmacy professionals delivering enhanced services across a range of generic skills
- 4. Baseline assessment of pharmacy teams abilities



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# **NESA** accreditation process

3

Pass the generic skills assessment

Pass the clinical knowledge assessment for the service Complete and submit the statement of competence Reaccreditation Complete and submit the reaccreditation form (every 3 years)

- No face to face live training events
- Generic skills separated from clinical knowledge
- Consultation skills video assessments & avatars
- Self certification for reaccreditation



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# Generic skills & competences

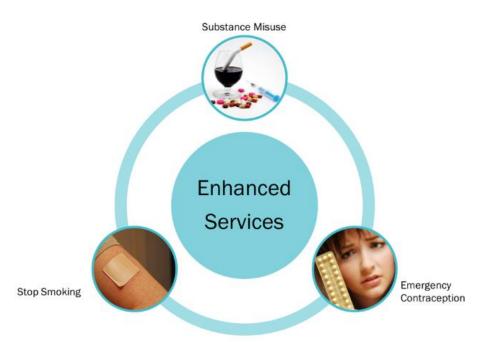




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# Clinical knowledge



# MCQ scenario-based assessment Statement of competence to shared services Accredited from the day the form is submitted



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# **Consultation skills**



Video critique

**Avatars** 

- ✓ 60% pass mark
- 4 attempts at assessment, then frozen out for 30 days before being allowed 4 final attempts



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# Video critique

- Looks at key skills and behavioural indications
- Based on national practice assessment frameworks – 3 sections
- Rate three videos against 5 indicators
- Graded as not demonstrated, below framework, meet / exceed framework standard





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# Avatar consultation

- Based on national practice assessment frameworks – 3 sections
- Interactive consultation type in question and choose from options that appears
- Options rated as poor, good and excellent – gives overall mark





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# Avatar consultation

- The avatar will give you feedback immediately you finish the consultation
- Grade out of 84 marks and gives a %
- Detailed feedback report generated at end that you can download

During the introduction and relationship-building part of our appointment...

You introduced yourself well. I understood exactly who you were.

You fully confirmed my identity.

You checked if I'd had an MUR appointment before.

Thanks for asking if I knew what an MUR was.

You didn't talk to me about why we were having the appointment.

You didn't give me any idea of how long the appointment would take.

You gained my consent to go through with the MUR, which was really important.

You didn't ask me how I was getting on which could have been useful in building a rapport.

You didn't ask me about what I'd like to discuss in the appointment

You didn't reassure me that we'd actually discuss any issues I had, during the appointment.

Next, when you should gather information and formulate an action plan...

You didn't ask what medicines I am prescribed

You didn't check how long I'd taken my medication for, which could have given you a better understanding of my conditions

You didn't check if I was taking my medicines properly



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# Feedback from users (pilot)

- New assessment process piloted on 227 people
- Questionnaire completed by all participants that completed the whole process within two month period – 89 people
- Majority of respondents (83%) felt new generic skills and competency assessment benefited their practice



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# Feedback from users (pilot)

Mixed response on the use of avatars and video critique:

I think the principle of this way of learning is excellent. Despite the avatars doing my head in, I think the idea is good.

...much easier than attending courses.

Avatar ...is not reflective of how we work in practice as every patient is different. I feel it undermines our professional abilities.



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# Feedback from users (pilot)

The most negative comments focussed on the avatar and came from the more mature respondents:

65% of respondents stating that they didn't find communicating with the avatar easy

44% of respondents found these a useful way of reflecting on their practice and 40% stated the opposite, complaining about ambiguity in MECC



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# Adaptations

- Changes were made to avatar and video critique following pilot prior to launch on 3<sup>rd</sup> April 2018
- Avatar natural flow of the conversation improved
- Practice avatar was made available in the learning resources
- New video critiques created for MECC to remove any ambigity
- A wider team of reviewers were engaged to grade the new videos, from the various stakeholder groups and fields of practice.

Trawsnewid y gweithlu ar gyfer Cymru iachach

Transforming the workforce for a healthier Wales





### Results

- Launched 3<sup>rd</sup> April 2018
- Majority of pharmacy professionals initially failed assessment – low pass rates first 6 months
- 716 community pharmacies in Wales
- 1736 pharmacy professionals completed accreditation by end of March 2019



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# Conclusion

- Assessment has ensured a baseline competency within the pharmacy workforce
- Use of technology has ensured a cost-effective, robust, standardised assessment
- Workforces generic skills increased anecdotal feedback from users – altered the way they interact with patients following completion of avatars and video critique
- Learning has taken place low pass marks initially but now majority passed.



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# Thank you for listening





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