Assessing individuals’ performance under exam conditions does not test their ability to apply knowledge in real-life situations. Greater insight can be gained by obtaining feedback from their colleagues.

Give juniors mini-PATs on the back

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The Kennedy report,1 published by the Department of Health in 2001, highlighted a fundamental principle of patient care: patients are entitled to be cared for by healthcare professionals who possess relevant and up-to-date skills and expertise. Therefore, a need has arisen to assess performance in the workplace to ensure that those providing care are competent to do so.

Multi-source feedback (MSF; also known as 360-degree feedback or peer review) is a method of obtaining information from an individual’s co-workers on his or her performance (see Box 1). The MSF concept has its origins in the private sector and healthcare has shown that MSF can be feasible, valid and reliable as a method of assessment.2 It also provides evidence for how an individual performs in actual working conditions, rather than under controlled examination conditions. Traditional academic assessment methods, such as examinations based on multiple-choice questions or essays, do not provide this “real life” insight — the fourth tier of psychologist George Miller’s pyramid of competence.4

This article describes how the Joint Programmes Board in southeast England developed a computerised mini peer assessment tool (mini-PAT) — a form of MSF — for use by junior pharmacists as part of the assessment strategy for those undertaking a postgraduate diploma in general pharmacy practice.

Developing mini-PAT

In 2004, new medical graduates were, for the first time, asked to complete a range of workplace-based assessments, which included a mini-PAT. Using this tool as a template (see Box 2, p65), the JPB curriculum group developed a mini-PAT for pharmacists using 15 competences from the Competency Development and Evaluation Group’s general level framework5 (see Box 3, p65). In addition, the mini-PAT that was developed also asks for a pharmacist’s overall performance to be assessed (thereby providing 16

Box 1: Principles of multi-source feedback

Although different disciplines have developed specific MSF instruments to suit their needs, all MSF systems broadly follow the same model: namely, several colleagues are asked to assess an individual against a list of pre-determined questions. The nominated assessor’s judgements are then fed back to the individual. Models can vary in terms of:

- The number of assessors selected
- The method of assessor selection
- Whether or not the assessors’ comments are anonymised before being fed back to the individual
- The rating scale used
- The mechanism for feeding back results to the individual (many models use an intermediary mentor to carry out this function)
ratings in total). At the end of the assessment form, a free-type text box was added to provide nominated assessors with the opportunity to provide tailored feedback.

**The assessment**

All junior pharmacists undertaking the diploma programme are assigned a practice tutor. The mini-PAT process begins with the pharmacist nominating five to eight colleagues with whom they have worked closely in the previous six months to assess his or her performance. The tutor must ensure the nominations are appropriate before the list is finalised and submitted. The nominated assessors are then sent an electronic assessment questionnaire (see Figure 1) to complete, which invites them to rate the junior pharmacist against the competences. The rating scale used to assess each competency is shown in Figure 2. The assessment takes about five minutes to complete.

Assessors are advised that their ratings and comments will be anonymised before being fed back to the pharmacist. The pharmacist also completes a self-assessment using the same questionnaire. The entire process is managed electronically by the JPB administration team using bespoke software.

Assessors are typically given one month to complete the assessment with reminders sent periodically during this time. Once the assessments have been returned, a chart is produced to compare the results of the self-assessment with the average ratings provided by the assessors and average results collected for other pharmacists undertaking the same year of the diploma programme. The collated information is forwarded to the pharmacist’s tutor who is expected to discuss the results with the pharmacist.

**Personal development** Comparing the assessors’ perceptions with those of the pharmacist is a crucial part of the assessment process, with differences in ratings serving as a focus for discussion. Tutors are advised that discussion should facilitate personal development by focusing on areas of strength, to enable the pharmacist to build on these, but also identify areas for further development and allow objectives to be formulated to guide future learning.

A copy of the results is retained by the pharmacist for their diploma portfolio, along with the agreed action plan. These contribute to the evidence base used to demonstrate competence and performance in the workplace.

The JPB postgraduate diploma in general pharmacy practice takes three years to complete. During this time the pharmacist is required to complete a mini-PAT assessment every six months (five in total over the three years).
What next?
Early experience suggests that the mini-PAT is a valuable assessment tool for developing junior pharmacists in secondary care. Our findings suggest that it is a practical and user-friendly method of assessment and we have received good feedback from those being assessed. A full evaluation of our first three years’ experience using mini-PAT has been completed and we hope to have this evaluation published shortly.*

The usefulness of mini-PAT is not likely to be limited to junior hospital pharmacists; we believe advanced and more experienced pharmacy practitioners will also benefit from such an assessment method. MSF is already a mainstream performance assessment instrument in industry, the military and medicine. We expect that its use will grow within pharmacy over the coming years.

*Clinical Pharmacist will inform readers of the publication of this paper

References