

AFPC Outcome Focus Group Report

Final

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AFPC Outcomes Focus Group Report

Objectives

To characterize how Faculties of Pharmacy across Canada use the 2010 AFPC outcomes to inform curriculum design and evaluation. To determine the extent to which faculties think AFPC outcomes need revision. To begin to identify ways that the AFPC should be revised.

Methods

Design

Two 90-minute semi-structured group interviews with representatives from Faculties across Canada's were used to generate information about experience using the AFPC outcomes. An interview script (See Appendix A) containing a set of pre-determined questions about three areas of experience guided the focus group discussion. When discussion warranted further clarification or additional exploration, the interviewer adapted the script to include additional questions or prompts. Focus groups were transcribed verbatim and a copy of the transcripts are included in Appendix B.

Participants

Representatives from all 10 schools of pharmacy in Canada involved in managing the curriculum at their respective schools in various capacities took part.

The Interview Tool

A semi structure interview protocol served as a basis to guide the focus group discussion. Part one of the interview included a set of questions designed to explore participants use of the AFPC outcomes for planning at the program and course levels. Additional questions regarding sources of any modifications to AFPC were asked. Finally,

questions about if and how the AFPC outcomes were used to inform instructional and assessment decisions were also included.

Part two of the interview asked a set of questions regarding how the AFPC outcomes were used in curriculum evaluation efforts. Next, participants were taken through each of the seven AFPC roles asking them to identify specific revisions that may be needed. A final question about whether the outcomes required major or minor revisions was asked at the end of the interview.

Results

Audio recordings were transcribed by a third party transcriptionist. A two stage coding process was used analyze the transcribed focus group. In the first stage of coding, 178 individual responses were parsed into 377 meaningful segments. Prior to second level coding, segments were classified according to the question they were sourced from. In the second stage of coding, individual segments were iteratively tagged up to four times with short (1-4 word) labels to identify the meaning associated with each segment. These codes served as a basis to identify emerging themes for each of the areas of experience explored in the focus group. The major themes identified based on the entire interview are presented next.

Four Major Categories of Comments

When tagging the 378 segments parsed from phase 1 of coding, 338 (90%) were able to be assigned a level 1 tag to classify the main theme of the segment. Table 1 shows the four themes that emerged and the frequency distributions of the tags associated with each.

Table 1

Emerging Major Themes from the AFPC Outcome Interview

Theme	count	percent
Challenges	133	39%
Revision	88	26%
Design	67	20%
Evaluation/improve	47	14%
Other	3	1%
Total	338	100%

These results are confirmatory in the sense that the interview worked to prompt participants to describe their experience using the AFPC outcomes for program planning and evaluation including identifying any experienced challenges as well as areas for revision.

The interesting result from the first level tags is the extent to which the discussion ultimately focused on challenges (39%) and revisions (26%) over how the AFPC outcomes were being used for design (20%) and evaluation/improvement (14%). Participants appear to have embraced the idea of using the interview as an opportunity to provide feedback that could be used to support revision efforts.

After assigning level 1 tags, up to three more tags were assigned to each segment in order to identify the more specific meaning attached to the comments. Analysis of the most common level 2-4 tags for each of the major themes are presented next. These results provide a description of the most salient types of issues discussed during the interviews. To see the breadth of ideas discussed during the interview, readers are directed to the de-identified transcripts in Appendix B.

Challenges

A total of 133 segments were tagged as speaking to some form of challenge experienced while using the AFPC outcomes for planning and evaluation. All 133 segments were tagged with level 2 tags, 57 were tagged with level 3 tags and 13 were tagged with level 4 tags for a total of 203 tags defining the challenges associated with using the AFPC outcomes.

Using the level 2 tags (n=133) as a basis for creating a word cloud, the most salient challenges are readily identifiable by the words with the largest font shown in Figure 1. Table 2 shows the actual frequency distribution for the top four categories of level 2 tags.



Figure 1. Word cloud of level 2 tags associated with the main theme of challenges

Table 2

Top Four Level 2 Tags Defining Challenges

Level 2 Tag	count	percent
support material	17	13%
buy-in/engagement	16	12%
foundational-knowledge/sciences	13	10%
collaborator	12	9%

Comments and detail for each of the four most common level 2 tags are presented next to provide more information about the challenges the discussion tended to focus on.

Support Material. The support material tag was used where participants indicated a lack of support documentation to help facilitate better use of the AFPC outcomes document. The level 3 and 4 tags associated with these segments indicated the types of material indicated as potentially being useful. Most often noted was material explaining how outcomes are expected to develop from the beginning to the end of the program. One participant stated:

“...outcomes do not provide information about levels of performance throughout the years of the program.”

While another explained that, as a way to help make the outcomes more accessible, they ended up:

“...develop[ing] descriptions of what the expectation for each outcome [was] at the end of each year.”

Participants also mentioned wanting more information about what is expected for the foundational knowledge aspect of the outcomes document. Finally, there were comments about wanting more guidance about how to prioritize the outcomes.

Buy-in/engagement. The buy-in/engagement tag was used where participants described having difficulties getting faculty to meaningfully engage with the outcomes document. For example, one participant explained the issue as follows:

“[its a] challenge getting faculty to buy-in to outcomes based curriculum when they are looking for content...”

Participants indicated level of engagement varied from faculty member to faculty member but that faculty retreats as well as organizing around development of new PharmD

curriculum were ways to overcome the issue. There were no level 3 or 4 tags associated with these segments.

Foundational Knowledge/Science. The foundational knowledge/science tag was used when participants described the difficulty experienced using the AFPC outcomes to guide foundational science and knowledge education. Participants indicated that it was a:

“...challenge to figure out how much foundational science content there should be.”

With one going as far to state that the lack of information about foundational knowledge and sciences meant the:

“...outcomes have not informed how sciences and therapeutics are taught.”

There were also comments that foundational science faculty having the most difficult time using the document to inform their teaching. Finally, one participant indicated that they found the American outcomes document as a useful resource for providing guidance.

Collaborator. Collaborator was tagged to challenges directed explicitly at collaborator outcomes. Based on the level 3 and 4 tags, this tag was used most often to describe situations where participants modified the AFPC outcomes based on external material. In particular, the CIHC interprofessional outcomes standards were mentioned by multiple participants as a stronger resource for defining collaboration outcomes than the AFPC document. In addition, many participants indicated that the Collaborator outcomes were written in a way that led to challenges in determining how to assess them.

Revision

A total of 88 segments were tagged as identifying specific revision suggestions. All 88 of these segments were tagged with level 2 tags, 72 were tagged with level 3 tags and 25 were tagged with level 4 tags for a total of 185 tags defining types of revisions.

Figure 2 shows a word cloud of the most salient level 2 revision categories. Table 3 shows the actual frequency distribution for the top four categories of level 2 tags.



Figure 2. Word cloud of level 2 tags associated with the main theme of revisions

Table 3

Top Four Level 2 Tags Defining Revisions

Level 2 Tag	count	percent
Patient-care-provider	18	20%
Collaborator	17	19%
Manager	16	18%
Communicator	13	15%

Patient care provider. The patient care provider outcomes were cited most frequently as potentially needing some form of revision. Based on the level 3 and 4 tags, participants talking about finding a way to reduce the number of outcomes to and re-write them to be less specific. Participants described this section of the outcomes as “huge” “overwhelming” with one person stating that:

“...the detail is prescriptive [and] limiting.”

Collaborator. Collaborator returns as a major topic of conversation when participants discussed suggested revisions. In particular, based on level 3&4 tags and similar to the ideas that were emerging under the Challenge category, participants suggested revising them to be more aligned with the national competency framework.

Manager. There were two main suggestions for revisions discussed for the manager category of outcomes. First, participants commented that the manager outcomes were written at too high a level. For example, one person says:

“...[they are] written at too high a level to have students do them on placements.”

While another states:

“...managing staff is too high a level.”

Second, the discussion also highlighted multiple participants' view that there is a need for more Leadership outcomes in the manager section.

Communicator. The main sentiment about the communicator outcomes is that they are potentially written to be too basic. There were some conflicting statements about whether the communicator outcomes should remain separate or be integrated into the other outcome categories.

Design

A total of 67 segments were tagged as describing how outcomes were used for various design and planning activities. All 67 of these segments were tagged with level 2 tags, 33 were tagged with level 3 tags and 8 were tagged with level 4 tags for a total of 108 tags defining types of design use.

Figure 3 shows a word cloud of the most salient level 2 design categories. Table 4 shows the actual frequency distribution for the top three categories of level 2 tags.

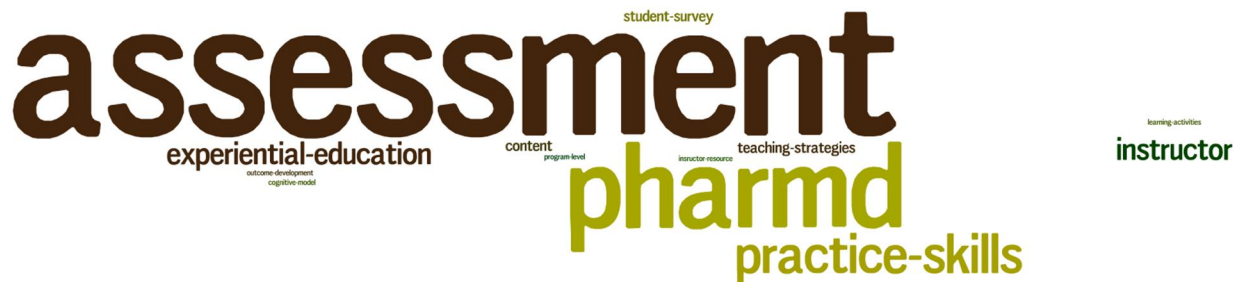


Figure 3. Word cloud of level 2 tags associated with the main theme of design use

Table 4

Top Three Level 2 Tags Defining Design Use

Level 2 Tag	count	percent
assessment	26	39%
pharmD	15	22%
practice-skills	7	10%

Assessment. Many participants highlighted the AFPC outcomes document as a key design resource for developing educational assessments stating that:

“...[the] outcomes drove assessment more than anything.”

Participants also described how the outcomes supported the development of more authentic performance assessment with some describing a shift toward more “*clinical immersion*” and “*simulation*” assessment. Multiple participants described situations where the outcomes were being tagged to assessment questions and as well as being used to design yearly capstone exams.

PharmD. The PharmD tag was used for comments about how participants found the outcome document very useful as programs shifted toward a developing new PharmD

curriculum. Participants described that the AFPC outcomes were a major resource for determining types of courses to offer as well as how to write new course objectives.

Practice-skills. The practice skills tag was used for comments about how participants used the AFPC outcomes for designing the practice skills courses in various programs.

Evaluation/improvement

A total of 47 segments were tagged as describing how outcomes were used for various evaluation and improvement efforts. All 46 of these segments were tagged with level 2 tags, 27 were tagged with level 3 tags and 6 were tagged with level 4 tags for a total of 79 tags defining types of evaluation use. Table 5 shows the frequency distribution for the top two categories of level 2 evaluation tags.

Table 5

Top Two Level 2 Tags Defining Evaluation Use

Level 2 Tag	count	percent
mapping	26	55%
revise	4	9%

Mapping. Over half of the evaluation/improvement use tags were labeled as mapping. Overwhelmingly, participants stated that the AFPC outcomes document was used as a basis for some form of program evaluation mapping. Looking at the level 3 and 4 tags associated with mapping, a lot of the comments identified that mapping occurred using course outline documents and was heavily instructor driven. There were also comments about how the outcomes were used to map assessments. There were not any other major level 2 tags to highlight as particularly salient.

- Because the outcomes are written as competencies they imply active learning strategies should be used
- The outcomes suggest that foundational sciences need to be taught differently to a different extent than in the past
- The outcomes are especially useful to inform practice skills and experiential education assessment design
- Implies that more competency/performance based assessment is necessary
- Challenge with defining levels of achievement especially across the different years of the program

Levels of Performance Document

Only 21 (6%) of segments were related to the levels of performance document.

Highlights

- The document is largely unfamiliar to most faculties
- Those who have used it see it as primarily helpful for individual instructor assessment design purposes

Instruction and Assessment Decisions

Approximately 13% of segments were generated for the questions about how AFPC outcomes are used in program evaluation. Figure 7 provides a word cloud of the codes generated from the segments.



Figure 9. Suggested Revisions

Highlights

- Patient Care Provider, Communicator, Collaborator and Manager cited as in most need of revision
- Patient Care Provider outcomes are overwhelming and sometimes redundant – described as overly prescriptive
- Communicator outcomes are cited as being at too low a level
- Collaborator outcomes are better defined by the national CIHC inter-professional competencies – viewed as too pharmacist centric
- Manager outcomes are cited as being at too high a level and somewhat inappropriate for entry to practice goals; there is also a call for leadership outcomes to be incorporated.

Conclusion

The findings presented above speak to the most salient topics of discussion produced when curriculum stakeholders across the country answered questions about how the AFPC outcomes document is used as well as specific questions about areas for potential revision. The most common theme that comments were classified as was challenges, followed by revisions, design, and evaluation/improvement. All participants report that the document is a central resource for curriculum planning and evaluation. There are some common suggestions for revision especially as it relates to the patient care provider, communicator, manager, and collaborator roles.

Appendix A

Interview Script

Hello and welcome to the second of two focus groups designed to generate general feedback regarding use of the 2010 Association of Faculties of Pharmacy of Canada outcomes in entry to practice pharmacy programs across the country. The information generated from the focus groups will be used to inform a revision process currently being undertaken by AFPC in coordination with representatives from all 10 pharmacy schools. My name is Ken Cor and I work as the Director of Assessment at the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. In the spirit of full disclosure, while part of my regular responsibilities includes use of the AFPC outcomes as a basis to evaluate the University of Alberta Curriculum, my role for today's conversation is limited to facilitating our conversation to generate information about your experiences using the AFPC outcomes in your programs.

Today's focus group will be a semi structured group interview in which I will be taking you through a series of pre-determined questions in order to spark discussion about two main areas of evaluation with how AFPC outcomes are used. While we will do our best to work through all of the specified questions, when the discussion of your experience warrants further exploration, I will ask general follow up questions like "can you tell me a little more about that?" as well as pose new substantive questions that emerge from your descriptions.

Does anyone have any questions so far?

Now, before we begin, I would like to inform you that the audio from today's conversation is being recorded in order to be transcribed for systematic analysis. All identifying information will be stripped from the transcript and any results that are generated will be reported in a way so as not to identify particular individuals. By continuing to participate, you are consenting to have findings derived from the analysis used for internal evaluation and revision purposes as well as for themes that emerge from our discussion to be disseminated through AFPC presentations and publications. This may involve the use of non-identifying quotes from our conversation to be used as exemplars of identified themes.

At this time, I would like to offer you the opportunity to leave the call if you do not agree to these terms.

Okay, let's begin.

Preface

I'd like to start by having everyone briefly introduce themselves including their faculty affiliation as well as their primary role as it relates to use of AFPC outcomes. This information will help me facilitate the interview but will not be used to generate reports.

Part 1

The first area of evaluation I would like to explore is your **use of the AFPC outcomes to design and plan curriculum**. Planning and design of curriculum can occur at various levels within a program. For example, planning can occur at the overall program level cutting across all courses and years, at the level of different categories of courses (e.g. pharmaceutical sciences, behavioural social and administrative sciences, etc.), or at the individual courses. As you answer the next set of questions:

1. Can you please describe your experiences using the AFPC outcomes to plan and design the curriculum at the overall program level (across all courses and years)? Please describe any successes and challenges you have experienced in this regard.
2. Talk about any modifications you have had to make in order to use the AFPC outcomes for program level curriculum planning and design. Which other sources of outcomes have you used to make revisions (e.g. NAPRA, CanMEDs)? Please describe any elements of these other sources that have been particularly useful in your modification efforts.
3. Can you please describe your experiences using the AFPC outcomes to plan and design curriculum at an individual course level? Please describe any successes and challenges you have experienced.
4. Learning outcomes are often described as being the necessary foundation for making decisions about how to teach and assess. Please describe your experiences using the AFPC outcomes to make decisions about how things are taught in your program? Please describe any successes and challenges you have experienced in this regard. Are there types of outcomes where this has been easier or more difficult?

5. Please describe your experiences using the AFPC outcomes to make decisions about how things are assessed in your program? Please describe any successes and challenges you have experienced in this regard. Are there types of outcomes where this is easier or more difficult?
6. Please describe how the companion document describing levels of performance for educational outcomes has been used in your planning and design processes. Talk about some of the challenges and success you've experienced in this regard.

Part 2

I'd now like to switch to the second area of evaluation. The AFPC outcomes are also able to be used as a basis for monitoring and evaluating the success of the program.

1. Can you please describe your experiences using the AFPC outcomes as a basis for monitoring and evaluating the effectiveness of the program?
2. What types of data do you generate to form a basis for evaluation?
3. Where are data from AFPC outcomes used in your ongoing program improvement efforts?
4. What are the successes and challenges you have experienced using AFPC outcomes as a basis to monitor and evaluate the effectiveness of the curriculum?
5. Describe any experience you have using the AFPC outcomes as a basis to monitor and track student performance as they move through the program? What types of data are generated and how are they used to inform program improvement? How are these data used to inform student learning?

Part 3

As a way to close out the focus group, I would now like to move through the 7 major categories of AFPC outcomes as a basis for you to describe any gaps or redundancies that been identified in your experience using the outcomes for planning and evaluation purposes.

1. Starting with the outcomes associated with **Patient Care Provider (assess patients, plan care, follow-up and evaluate, document)**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

2. Starting with the outcomes associated with **Communicator**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

3. Starting with the outcomes associated with **Collaborator**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

4. Starting with the outcomes associated with **Manager**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

5. Starting with the outcomes associated with **Advocate**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

6. Starting with the outcomes associated with **Scholar**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

7. Starting with the outcomes associated with **Professional**.

Please identify any gaps that you have identified in your experience using the outcomes for planning and evaluation purposes.

Please identify any redundancies that you have identified in your experience using the outcomes for planning and evaluation purposes.

Thank you. That concludes our focus group. Are there any last comments anyone would like to make.

Appendix B

(Modified to remove identifying information)

Transcript 1

QUESTION: Alright. Hello and welcome to the first of two focus groups designed to generate some feedback about use of the 2010 Association of Faculties of Pharmacy of Canada outcomes in entry to Practice Pharmacy programs across the country. The information generated from the focus group today will be used to inform a revision process currently being undertaken by AFPC in coordination with representatives from all 10 pharmacy schools. My name is Ken Cor (sp) and I work as the Director of Assessment at the University of Alberta and in the spirit of full disclosure, while part of my regular responsibilities includes using the AFPC outcomes as a basis to evaluate the University of Alberta curriculum, my role for today's conversation is simply limited to facilitating our discussion about information regarding your experiences using the AFPC's outcomes. So today's focus group will be semi structured, a semi structured group interview in which I'll be taking you through a series of pre-determined questions in order to spark discussion about two main areas of evaluation with how AFPC outcomes are used. Well we'll do our best to work through all the specific questions when the discussion of our experience warrants further exploration, I will ask general follow up questions like, can you tell me a little more about that, as well as pose some new substantive questions that emerge from our discussion. Does anyone have any questions so far? OK. Now before we begin I would like to inform you that the audio from today's conversation is being recorded in order to be transcribed for systematic analysis. All identifying information will be stripped from the transcript and any results that are generated will be reported in a way so as not to identify particular individuals. By continuing to participate, you are consenting to have findings derived from this analysis used for internal evaluation and revision purposes as well as for emerging themes from our discussion to be disseminated through AFPC presentations and publications. This may involve the use of non-identifying quotes from our conversation to be used as exemplars of identified themes. At this time I'd like to offer you an opportunity to leave the call if you do not agree to these terms. Is everyone OK with the fact that we're recording?

RESPONSE: I'm OK.

RESPONSE 2: I'm OK.

RESPONSE 3: Yes, me too.

Alright. So thank you for that it sounds like we've got a good mix of people who are involved in high level program planning and design based on AFPC outcomes so that was the target and it looks like we managed to pull that together so that's great. So let's get into the two areas of evaluation. The first area of evaluation I'd like to explore is your use of AFPC outcomes to design and plan your curriculum. Planning and design of curriculum can occur at various levels within a program. For example, planning can occur at the overall program level cutting across all courses and years, at the level of different categories of courses so that would be things like pharmaceutical sciences, behavioral, social and administrative sciences, et cetera. Or at the actual individual course level, there may be other levels but those are some examples. I'd like to start by asking you to describe and anyone can weigh in first and feel free to add to the conversation at any point, but can you please describe your experiences using AFPC outcomes to plan and design at the more overall program level, so this is across all courses and years and while your describing that it would be great if you can identify the successes and challenges you've experienced using the AFPC outcomes to plan and design at the overall program level.

RESPONSE 4: Well I'll start and we're a new program so we started in 2008 and we started outcomes on everybody together to ensure that all of the outcomes were being mapped off the curriculum as well as at category and core We'll get into that later but we essentially had a workshop, got everybody together and looked at each of the outcomes was being mapped some place in the curriculum also identifying overlap and redundancy. I'd say the challenge was getting people together, getting people to buy into the process, it was relatively easy for us because again we were a new program so we had the advantage of being a blank slate if you will, we weren't burdened by legacy but clearly we didn't really have as much of a road map, I'd say programs had already had. We were, we designed our program intention of going to a PharmD so when the province of Ontario permitted us to offer a PharmD program we had to make some fairly substantial on the side but we were ready and it was not as an exercise as it could have been because the initial planning had been done.

QUESTION: OK great. Now I heard you say one of the barriers was buy in, can you maybe elaborate on when a person was struggling to buy into the process what was their big hurdle, what was stopping them from seeing the value in it?

RESPONSE 4: Truthfully I think it's that people were, it was the one more thing. I've got a lot on my plate, I'm doing a lot, this sounds like an academic exercise to me, I'm not sure that I see value, and therefore I don't necessarily, it's not necessarily a great use of my time. As I say we had the advantage because we were a new program a lot of new faculty you had a certain pioneering spirit so I think that we were all kind of game for whatever you threw at us I think having said that there was an element of a lot of time to do this and

QUESTION: OK so before anyone else weighs in I'll just ask one more follow up. The reason it was a long and considered a laborious process, did that relate anything to the way the document was written or the way the outcomes were written themselves is there anything about the way the outcomes document was creating issues or promoting buy in?

RESPONSE 4: It didn't create issues in that aspect where it really, where I thinkactually helpful is in the where the number of sub-competencies and so on just gets lost and somewhat tedious. So I would say a stream line would be very, very helpful on the accreditation side.

QUESTION: So does anyone want to react or add to these comments? And just to remind you the question we're working with here is to describe your experiences using the outcomes to plan and design your curriculum at the overall level.

RESPONSE 2: I guess I could add a couple of things. We're moving to the PharmD and so that was definitely a core document for us and a starting place. We held a retreat and we decided that we were going to use that document to build our curriculum so we certainly used it from that perspective. Our old curriculum was not built directly around that but we've tried to map it and that's where we really do struggle and I'm assuming maybe this question will come later but yes a very fine division of particularly in the provider section makes mapping to the outcomes very, very tedious. And we've had lots of disagreements and arguments about to which level of, you know is it a, this .1 space or the .1.1.1 space or whatever within what's necessary anyways that's, so program-wise for the old program, no, we didn't use it the program was much older than the outcomes but the core to our new.

QUESTION: OK great.

RESPONSE: So we used the outcomes to provide the framework for a totally new program so at our university we now are able to run a BSc program and a PharmD program as Entry to Practice program. When we started building the new PharmD our BSc program had recently been accredited against the 2010 standards and I guess we did OK but what it meant was that the faculty was by and large familiar with the AFPC outcomes document already and so as I said earlier we used the document as a backbone for deciding which courses we should have in the new program for creating those course for scoping out their outcomes and we added the layer on top of that for levels of performance and degree of complexity that we call our program level cognitive model but it's based on the 7 role

domains that are in the AFPC document. And our assessment program is designed to map every assessment item one way or another for it to be tagged to an AFPC outcome if it's an assessment item that assesses a skill as opposed to something that just assesses knowledge. My overall sense is that the document is and was a useful functional resource or basis on which to build a new Entry to Practice program and I would say that I'll echo what others have said, we've mostly looked at this at the dot x level of the outcome when we get down to dot x, dot y level outcomes, the level of detail there is illustrative but I think most faculty are overwhelmed by it. And then I guess my last point on that is a big challenge for us is how silent the document is on issues relating to the foundational sciences and I understand why, because it's learning outcomes which is almost code for competencies but it has been hard and continues to be for many of our faculty to engage with the document just because it doesn't speak to them at all. And so part of our job has been and will continue to be to help them understand the relationship between acquiring knowledge about say any of the foundational sciences and how that translates in through a mysterious process into developing an actual demonstrable abilities. So that's a big challenge and it's hard to keep our medicinal chemists and pharmaceuticals people very connected with the AFPC outcomes because we have to interpret and translate or back extrapolate from them to the knowledge outcomes that are involved in each of their discipline.

QUESTION: That's great actually I'll just maybe ask a follow-up quickly. Was there any element of the AFPC document that formed a basis for connection to knowledge that was at least an entry into the conversation with faculty?

RESPONSE: Not really. Not specifically, there is language in there, I can't quote it but talks about students having the necessary foundational knowledge or something like that. But largely the debate in our creating our new program was about how much foundational science contents there should be and how much time should be spent on that and where in the curriculum and of course that's a reasonable thing for faculties to be expected to wrestle with themselves. But we did have to do a lot of work to create our own sort of language and we built a tree that has you know the outcomes in the leaves and branches and foundational sciences in the roots and to use that as a communication vehicle to get foundational sciences people really engaged and to help them understand the place of their disciplines in the development of the competencies and in the trunk of that tree is where all the mysterious magic happens that we didn't pretend to be able to describe but that we couldn't have the outcomes in the leaves without the roots and that's as specific as we have gotten with it and I think people can buy into that, that took a lot of bridging work.

QUESTION: That's great. Does anyone wanna weigh in or add to what was just mentioned?

RESPONSE 3: Yeah I will if I may. Well we actually had a few instances in terms of implementation of our equivalent of the educational outcomes at (University 7). It has been very helpful for the development of our overall courses and the development of our new program which was implemented 5 years ago. In terms of successes I'd say that, well there are many but the first one is certainly that has forced us to implement new innovative instructional teaching methods which we did have before 'cause we didn't really need to reach the same objectives. So it has been very helpful to have the educational outcomes to help us and to guide us in implementing new instructional methods and the thing is at the end, since we have students graduating from that program now, I think that the graduates are certainly more professional, more complete professionals which is actually a very interesting success and in terms of challenges, well we had similar challenges that have been mentioned before and I'd say that there's, it's a complete new shift of paradigm going to the knowledge based curriculum to a competency based curriculum and has, a whole vocabulary that you have to develop and which was actually, yeah that was actually difficult for our faculty members to really buy in again with that, first the vocabulary and then all the challenges that go with it and the first one being the assessment challenge. You have to develop assessment tools that really assess the outcomes. We're gettin' there but there are still some bumps in the road sometimes.

QUESTION: That's great and I have questions about that coming up too but this is a great time to go there as well so if anyone wants to add to that, feel free.

RESPONSE 5: I just wanted to just add a couple of things in regards to what's happening at the (University 3). We use the AFPC outcome site as we're unrolling our development of our PharmD program through various strategic planning meetings and so forth like that and looking at even our previous program, our BSc program we've used it quite extensively through the Curriculum Committee 'cause it helped shape our distribution of the content I guess in the different areas and identifies some areas where we've overloaded and maybe spent too much time on and other areas that we didn't spend enough time on or need to expand upon. But in doing that, because we're a small faculty clearly we've identified sometimes some gaps in our curriculum but again with different financial crisis and other budget restrictions and so forth, it's tough sometimes to fill some of those gaps with some of the expertise that you're doing. So it's a bit of a challenge from a small university to ensure that you have the staffing that is there to fulfill the outcomes that you will be accredited against and so forth. So that was our challenge and I think we're slowly working towards that but for the most part it's really helped shape the distribution of the content of our materials throughout and in some regards helped identify you know when people said well where are we going to get the staff and so forth, it helped identify areas of duplication or maybe too much emphasis so we could shift those resources appropriately and then actually overall it wasn't too bad in terms of what staffing we were really short on. So it kinda helped us at a couple of different levels.

QUESTION: That's really interesting. OK great. So I wanna move on to the next question which builds off of this. You've all sort of mentioned that it was a useful document for overall planning, especially when it relates to new curriculum development. Can you talk about any modifications and one example might be the tree visual that [redacted] was describing, any modifications you had to make in order to use the AFPC outcomes for program level planning and design? So you may be thinking of other outcome resources like NAPRA or CanMEDS and whatever modifications you have, if you don't mind describing the kinds of things you did add to the AFPC outcomes to supplement them to make them more useful, I'd appreciate it.

RESPONSE: I can give a couple. One is that in the collaborator domain or for the collaborator domain when we were building our outcomes level cognitive model that talks about what a novice level, advanced beginner, competent and proficient level learner would look like for each of the collaborator outcomes. And we specify the level of complexity of problems that they would need to be able to deal with in each of those, for each of those outcomes and by the end of which year level that would be required to happen. For that collaborator one we departed from the AFPC outcome language somewhat and I used the CIHC National Interprofessional Competency Framework. So that's an area where they're sort of, not competing but overlapping outcome frameworks which the area being interprofessionalism and so we felt like the language from those outcomes was more, well to be blunt when it comes to interprofessionalism the AFPC outcomes read very pharmacist centrally and so the group that worked on this part of it felt like those national interprofessional standards made more sense. So we used them in our language. And the second area is.

QUESTION: Sorry go ahead.

RESPONSE: No, no you go ahead.

QUESTION: I was just going to say I'm familiar with those interprofessional outcomes and they are sort of an amalgamation of multiple health disciplines' version of collaborator type outcomes and so I could see exactly what you're saying being true in the sense that they would be less pharmacy centric.

RESPONSE: Yeah and we wanted to have the language in our documents or in our say course syllabi and in our cognitive model, well again be less pharmacy centric and when other learners from other professions looked at it that they would see that we were if you wanna call it more authentically or truly interprofessional in our aspirations as opposed to

sounding like pharmacists talking to other pharmacists about what pharmacists should look like in an interprofessional context.

That's one and the other one is, go ahead.

QUESTION: As you said I was apologizing for interrupting you . . .

RESPONSE: The last one, I'll be brief is or the second one is for the professional role we let's say set aside the AFPC outcomes framework for describing the outcomes and instead created our own blend of 13 professional indicators that comes from a blend of different national and other healthcare professionalism societies and we found a way to connect each of those 13 role descriptions, things like accountability, attire and appearance, care and compassion, civility and respect, it's just sort of a different framework than is in the AFPC outcomes. So we mapped them differently and added things like our faculties own code of conduct to our cogitative model. The university's policy on respectful environment, in other words bringing in some of these other influences and using their language to supersede the AFPC language in quite a few areas but still were deliberate about making sure that all the AFPC outcomes were satisfied.

QUESTION: That's interesting so those are two real generic, not necessarily generic but they cut across disciplines in terms of the outcome categories. So I can see there's a lot more resources at your disposal. Does anyone else have any similarities in their experience or additional modifications if you may?

RESPONSE 4: Absolutely.. and I would say we used the CIT guidelines or outcomes rather for our interprofessional program. I'd say in terms of professionalism we tried to map where professionalism is addressed throughout our curriculum and we didn't necessarily use AFPC. We focused a little bit of our attention on e-professionalism and that was generated not out of any outcome exercise but out of a desire to prepare our students for the new world. And that might be a deficiency in the outcomes where there's not enough reference perhaps to the technology, what technology can do for you and how it can hurt you and to prepare our students for that world so that they use technology wisely and not in a way that can potentially, if it bleeds into professionalism and we developed a little module based on e-professionalism but that is less out of outcomes and more out of a desire to modify behaviour if anything and to make our students aware of some of the risks and also some of the benefits of an electronic environment and what that can do for you.

QUESTION: Interesting so there's an area of professional practice that's more and more relevant that you felt that you had to bring in to the outcome document.

RESPONSE 4: Absolutely and I would say in my, I head up the interprofessional area here as well and I would say that in my conversations with colleagues in other programs, it's an area that everybody is trying to wrap their arms around. How do we make students aware that social media environment while different and having certain advantages can also impose certain risks to your professional identity and those are just things you need to be aware of and cautious about and certainly the (University 8) (sp) experience with dentistry students is something that resonates pretty strongly with students.

QUESTION: Great. Yeah.

RESPONSE 2: I would say from the perspective, when I'm thinking about mapping and I'm not necessarily saying that this is required of the AFPC outcomes but we're required to map to specific other university areas so they have, oh I just lost the term but it's called the University Charter and it's got four components and we're required to map to that charter as well so and those do relate to some of those things like the learning environment and being respectful of other students and faculty and those sorts of things. So I mean they can link to the AFPC outcomes but they're not directly there. The other thing that we're required to map right now is First Nation content and cultural competency, which was inadequate within the AFPC outcomes, we needed more detailed information than that could provide. I think there's obviously things in there that relate to cultural competency, and I don't know if that would be true of other places. And then the last thing that sort of comes to mind was there's a real desire here amongst the health care professional programs to use the term patient centered care, and patient centeredness and looking at where we're meeting those kinds of outcomes. So there's obviously overlap with AFPC, but different terminology.

QUESTION: OK, great. I'll just throw out two more terms just to see if anyone has comments about them. NAPRA and CanMEDS. So we've heard national multidiscipline documents informing your modification, we've heard the university documents informing your modifications. How about these other alternative documents, NAPRA especially being the pharmacy sort of national guidelines, and then CanMEDS being something that was a basis for how AFPC was developed originally? Nobody went to those as a basis for modification?

RESPONSE: We didn't specifically do anything with the NAPRA documents. We made sure we were familiar with them, but none of their language has ended up in any of our curriculum documents to my knowledge.

RESPONSE 5: And I think I would reiterate that in (University 3) as well. We're aware of those other documents, but again, we weren't facing a big change or revision on those documents.

RESPONSE: And as for CanMEDS, we keep our eye on what happens with CanMEDS 'cause their framework documents change like every quarter, and it's like an industry. But the main change that we see happening there that we're interested in, maybe just 'cause it aligns with our own aspirations is to change the manager title to leader. And so I guess I'm a part of the group that will decide what to do with the AFPC outcomes, and I guess I'm divulging that I might AFPC outcomes doing the same thing. So we see what's evolving with the CanMEDS framework as possibly presaging what will happen with the AFPC ones, and then we're getting ahead of that with a couple of leadership courses that essentially go beyond what the AFPC says you should be, which is a manager to being a leader.

RESPONSE 5: Yeah, and I would reiterate that same thing. We had troubles with that terminology of manager at the U of M because students clearly didn't have that kind of experience to be supervising people, doing all the other things. It was kind of implicitly I guess expected that they would have it, but you know, again we were struggling with that particular area as well.

RESPONSE 2: So I have a little bit of a different experience with the NAPRA competencies to share I guess. We had different groups working on different parts of the PharmD curriculum, and one of them was the experiential working group, and I will say that the practitioners that were on that group, the NAPRA competencies resonated with them much more closely. So in terms of sort of trying to write outcomes and describe activities and things for various years within the experiential component, they really found them easier to work with, and so like although we use the AFPC outcomes, behind them all we're also cross link where we can to the NAPRA competencies, because they do seem to resonate more with our preceptors.

QUESTION: OK. Does anyone wanna add to that? OK, I'm going to move on to the next grouping of questions under the same area of evaluation, planning and design. Learning outcomes are often described as being a necessary foundation for making decisions about

how to teach and assess. And [redacted], you had referred to this in your comments already. Can you please describe your experiences using AFPC outcomes to make decisions about how things are actually taught in your program? Can you describe any successes or challenges with making those types of decisions? And are there any types of outcomes where it was easier to do this than others? So that was a lot to take in, but basically how have you used the AFPC outcomes to make decisions about instructional strategies, if at all, and are there places where the document has been less helpful and more challenging to use for that purpose than others?

RESPONSE: I guess one big way that that has been real for us is, well the fact that it only speaks to competencies, it only speaks to demonstrable actions on the part of learners, has meant that in our new program we've completely reimaged what the foundational sciences, how that's taught, when and how. So a concrete thing that I think it's resulted in that every one of our foundational sciences people was encouraged to use this as an opportunity to reimagine how their content that they are traditionally taught connected as indirectly as they might to these outcomes, and so that has led after now the delivery of the first year of our program to a lot of tailoring and streamlining and focusing of what foundational sciences material gets taught and how. The idea being that all of it should be looked at through the lens of not how it directly applies to practice, but again, how it relates to the other foundational sciences, and what potential opportunities there are for that content to be an ingredient that results in students being able to demonstrate skill and ability across all the outcomes.

QUESTION: So then would you say that it's led to more active learning strategies? I'm not trying to put words in your mouth, but is that a fair term to describe what's happening to some of the way things are being taught?

RESPONSE: I think those of us who designed and have led the new program used just the fact that it's a competency based curriculum as an argument for promoting active learning, wherever that's humanly possible. So without the AFPC outcomes saying anything particular about anything, just the very fact that it's a competency based process now I think was the main thrust for promoting that active learning, more so than anything that the outcomes themselves say.

RESPONSE 4: I'm not sure the outcome's addressed. learning strategies, actually. We promote active learning and we want more of that, we do that through different vehicles though, we have instructor retreats where we talk about active learning strategies, how do you make your instruction more engaging for students. But I'm not sure the outcomes drive that. Certainly we don't use them for that purpose, we map the outcomes to see that they're covered, and each of our course syllabi for instance are mapped to particular

outcomes. In terms of learning strategies and teaching strategies, I'm not sure, I don't see it necessarily, but it is critical for us and something that we're very, strategically we're very interested in, and try to promote, but the outcomes I don't think have helped push anything in that regard.

QUESTION: OK. I'll just push you a little farther on that path. With respect to, you had mentioned using the outcomes within every syllabi. There is sort of a growing, or an accepted idea that the outcomes are the sort of path to the decisions you make about how to teach, and then what you ultimately assess. Do your faculty see the AFPC outcome document, and when those outcomes are put into their courses as a useful piece of information to help them make those decisions, and maybe you can only speak in your own personal experience, and I'll throw this out to everyone, but if the point of learning outcomes is to actually help inform those types of decisions, has it been useful for that, do you have any examples of it? And if not, why don't you think it is?

RESPONSE 4: OK, I'll start. And I'll say that for me personally, the outcomes are important to me, and see it as a circle, you start with your outcomes, you design your activities around those outcomes and you accept whether you and your students have been successful. But I would say for some people, certainly not all, but there's certainly a number of people for whom it's more of a mechanical exercise, and will assign outcome within the course syllabi and whatever and make sure that the, the exercise is completed, 'cause I'm not sure, if I'm to be truthful, that it necessarily, it informs content perhaps, but I'm not sure that it informs the how, it informs the what, not the how would be my general assessment.

QUESTION: That's great. Can anyone else add to that, their experience?

RESPONSE 3: Actually, I have the same experience in my institution. I would say that they are not explicitly stating the how, but while reading through it informs us implicitly that we have to develop more active learning and even self-directed learning strategies too. So I would have the same experience here too.

RESPONSE: My experience is that something other than the AFPC outcomes has had an overwhelmingly much more profound impact on the how, and that's that we decided that integration across the elements of pharmaceutical sciences and pharmacy practice would be our dominant overriding pedagogical strategy. And so that drives everything, and it means that the AFPC outcomes, as important as they are in other ways, have little to say about the how.

RESPONSE 2: So my comments would be that, so first of all it varies so much from faculty member to faculty member to faculty member. I know what they actually see the outcomes telling them, but you know, general sense I would say as the curriculum development level, and we've not actually started to implement, so this is just based on what we think, is that what it drove was our assessment more than anything. Trying to figure out where we needed the student to demonstrate very specific competencies related to those outcomes. And then if they have to be able to demonstrate it, then going backwards, that may drive the how, the delivery of, but it was much more around how we were going to assess for those outcomes and deliveries.

QUESTION: Well that's actually my next question is how the AFPC outcomes have helped to inform your decisions about assessment in the program. And I think the backwards design is definitely something you hear a lot of in education in general, so I guess I'll ask the question now based on previous comments, can anyone else describe their experience using AFPC outcomes to make decisions about assessment? Where have you experienced successes, challenges, and was there types of outcomes where it was more easy, or more difficult?

RESPONSE: As far as our year 4 advanced pharmacy practice experiential learning that's happening with our BSc students, 'cause that's a course covered by the AFPC outcomes, that's sort of the business end of things, and it's been possible. I don't know if I would describe it as easy, but it's been possible for our office of experiential education to adapt the assessment rubric for those students to the AFPC outcomes, in other words to map all the items that are assessed to AFPC outcome. So that's just one data point. On the other end of the spectrum having just put our 1st year of PharmD students through their program, our assessment program is explicitly designed around the AFPC outcomes. Early on in their program though as they are, half of their 1st year was spent focused just on foundations of pharmacy, and so most of what's acquired there, most of what's assessed are knowledge based outcomes, and so it's not possible to map them directly to the AFPC outcomes for further assessment to be driven by the AFPC document. And lastly some bridging work has to be done within the faculties to do that at all because the AFPC outcomes only speak to what the person looks like at the end of their degree program. And so that all has to be reverse engineered as has been said to well what should they look like after program year 1? And so we, like many, I'm sure have spent a lot of time trying to define what they should look like at year 1, but that's done independently at each faculty.

RESPONSE 4: Yeah, and I would agree with that. When we transitioned to PharmD that was exactly the process. We identified profile of student by year and what courses, what profile, what did we have to do to get them there, and how do we have to ourselves to assessment that may have been successful, and we had been successful. And

certainly the outcomes played into that, but the driver was more profile by year and as [redacted] indicated, reverse engineering based on final outcomes.

RESPONSE 5: And I would agree, is that we have a clear picture of what our students should look like at the end, but all the kind of levels and grades of those levels in each respective year of the program seems to be missing, and by the time that we would try to you know, capture that assessment of that final person because we don't have some of those, I guess we have some of those, but they're unwritten I guess, assessments of what we think that the person should look like, we have no rubric to measure it up against AFPC that says hey, at year 1 you should be able to kinda do this and that, we assess and they pass exams or do experiential and other things, but we don't have that backing I guess in that regard to I think it was [redacted]'s comments earlier.

QUESTION: Yeah, so that's definitely something we've been hearing. And my last question on the planning section actually has to do with the levels of performance companion documents that does go with AFPC. But before I go there I just wanna ask a follow up to earlier comments. You'd mentioned that you're tagging all of your questions now with AFPC outcomes, and so anyone who has experience with that feel free to weigh in. When you go through that exercise do you think that the act of tagging has had any impact on the way things are being assessed?

RESPONSE: My answer is for us it's too soon to say. So we've only just acquired this sort of software capabilities through ExamSoft to even sort of have the facilities to build a database like that. So we're doing it year by year as the program rolls out. And also all we've done so far is decided to do it and have started doing it, it's too soon to say what the impact will be I think.

QUESTION: Interesting, OK, great. And you had sort of mentioned something regarding assessment as well. How has the AFPC outcome or your version of it informed the way you make assessment decisions in your program?

RESPONSE 3: Well we certainly had to come up with different assessment tools, and we developed kind of a complete assessment program that evolves throughout the program over the 4 year programs. We're using different types of assessment tools like in workplace learning they have different tools that we use, well we're not really implementing yet the or other tools like that with which some of you might be familiar with. But yeah, we have to think about other ways, more active ways 'cause most of the outcomes cannot be assessed on paper, you have to see them. So in order to see

them you have to use either the workplace assessment, or in simulation also we developed a whole simulation curriculum, both procedural with more technical aspects of it, and more hands on. We call it clinical immersion where we replicate what happens in pharmacies and try to at least give formative feedback on which students can, again, develop self-directed strategies to try to improve themselves. And we have what we call, well some sort of a portfolio that we don't really use exactly like portfolios, but we have also oral presentations of our portfolio that we use at the end of each year which students use to prove that they have reached the milestones that we set for them. And that's mostly how we, yeah, we developed complete different tools that goes also with the curriculum, but yeah.

QUESTION: OK, so before we move onto the last part here, with respect to assessments, it sounds like AFPC outcomes are useful more so for experiential education or simulation based education so far. People seem to be able to access them and use them more readily for those types of decisions regarding assessment and instruction than for the other parts of our curriculum. Does anyone want to agree or disagree with my sort of summary of that and explain why or why not?

RESPONSE: As in any competency based curriculum the lowest hanging fruit as far as assessing the demonstration of competency is in the practice setting, so it's almost by design that your statement is true.

QUESTION: Yeah. However it also seems like people are attempting to use it for, especially given it's an accreditation based document, to kind of do everything, and in some ways, like you had mentioned earlier, the document doesn't contain some required information, especially regarding foundation of knowledge and those kinds of things. Alright, so there is a companion document that describes level of performance for the educational outcomes. Does anyone wanna talk about their use of that document if they have, and how it was used and how it was challenging or helpful in planning?

RESPONSE: We looked at it for the purposes of building our cognitive model. It only describes below, at, or above expected level of performance again as it relates to the final product of the program. So the below expected level could be reworded to describe what someone looks like at the advanced beginner stage, whereas the competent stage is the required level of performance, if you were using a Dreyfus model the way our program does. And then beyond expected level describes what someone looks like when they're proficient. So we used it to guide that a little bit, but beyond that, it wasn't that helpful for us.

QUESTION: Anybody else used that document and wanna comment?

RESPONSE 4: I mean we looked at it, but I wouldn't say that we used it extensively. We developed our own rubric as we felt we needed to.

QUESTION: Sort of more tailored to the year of the program and the particular time in which the student

RESPONSE 4: So as an example, for you develop separate both checklists and rubrics in terms of the communication capability, but yeah, I mean as I say, we looked at it, but I wouldn't say it was a foundational element for us.

QUESTION: OK, great. Alright, so I wanna shift modes for our last 20 minutes. I'd like to now talk about the secondary of evaluation, which is how you use AFPC outcomes to monitor and evaluate the success of your program. So to start, can you please describe your experience using AFPC outcomes as a basis for monitoring and evaluating the effectiveness of the program? [redacted], you had mentioned mapping, maybe you wanna start us off by describing that a little bit.

RESPONSE 2: Well, I will describe it by saying it's just been a huge struggle for us because we're dealing with an older curriculum that wasn't based on those outcomes. So now you've got different courses developed by different people with written learning outcomes that preceded the AFPC outcomes, and so it takes a lot of work to try and maybe do that matching or extract the right amount of material. So I mean, we have wonderful plans for mapping the new curriculum with the old, but I don't know if that's really the AFPC outcomes all per se. I mean when they came out we could have I guess forced faculty to adjust their own outcomes or whatever, but I mean that just wasn't a way that we could go here, so that's why we struggle.

QUESTION: So to clarify are you saying that then the new curriculum, every course is required to map to the, like an instructor is actually required to pick the outcomes from the outcome document?

RESPONSE 2: Yes.

RESPONSE 4: And we do that as well, from the (University 4). Every one of our courses, actually every one of our. is mapped to an AFPC outcome.

RESPONSE 5: Yeah, same with (University 3), we have a survey or whatever that goes out, and every year we go through where each of the course coordinators and so forth has to go through and address the different competencies and put them in.

QUESTION: So can you describe how well that experience has worked for you in terms of how trustworthy do you feel the data is, do you have to give any training around how to interpret the document and any push back?

RESPONSE 5: Well, I think we held different retreats on different times so that we tried to have discussions on the interpretations of those so we held, I think at the beginning before we laid that out, tried to get as many people to raise their questions or different interpretations of different competencies along the way so that we could try to kind of standardize those and we still held those retreats on an annual basis to make sure that we're all on the same page, or fairly close to the same page. And I think it's helped quite a bit to just reaffirm and re-clarify what some of those things really mean so we don't have outlier interpretations on certain things by either new staff or whatever, you almost have to do it annually in order to make that happen because of staff turnaround and other things. So I think it's been helpful in an institution.

RESPONSE 4: It's a lot of work to go through but once you've got that initial groundwork laid, and we did the same thing, we. and so on. But once you've gone through it, you've done the initial sort of bulk of it, it becomes much less of an issue going forward.

RESPONSE 5: You're right, it's the first go around that everybody is kind of balking quite a bit because it represents now they have to go back and spend significant time slotting things where they think about it. But once they do it once, then it becomes more easier for the slight adjustments or alterations.

QUESTION: So can you guys talk a little bit about your opinion of the result of that process? So when you look at the maps that end up being derived from that process, do you get a level of data that allows you to identify gaps and redundancies in your program?

RESPONSE 5: I think so. We have done a lot of work on our curriculum mapping through the different programs that we use, and I think it's helped us significantly in identifying gaps and redistributing staff and making sure that we're changing with change in the dynamic change of the profession to meet those competencies and goals. So I think it's been a very labor intensive process for them initially, but I think now that it's running, I think it's an excellent process.

RESPONSE 4: I would say that. assessment is a very big job, and I think the things we're talking about are one of the tools that you use to assess your program and assess how successful you are, how successful your students are. But I think it is only one of many other things that has to be done in terms of evaluating the results that you're getting. Why our students are performing the way they are performing, and whether they are ready to enter practice. they are contributing in the way that they should, and we're doing what we need to do to make that happen, is a very complex question. And so yeah, I think the outcomes are helpful, but I think just using the outcomes would be a weak strategy actually.

QUESTION: So do you think it's, of the things that you have at your disposal from a data standpoint, has it been generally useful, the mapping to AFPC outcomes as a way to monitor and evaluate your program, and how so?

RESPONSE 4: You know what, we implemented just last year a midpoint assessment. So one of the things we struggled with, and I don't know whether others do as well, but getting students to 4th year and identifying way too late in the program that you've got a problem, and now what do we do? And when I say we've got a problem, by that I mean you've got a student that you don't believe is ready to enter practice and it's 4th year, what do you do at that stage? That's not necessarily just the student's problem, that's we failed that student at some point. So we implemented a midpoint assessment, and it's too early to say, and I would say that it was, I think, a very good strategy, I would say that from an execution perspective there's some things we need to do differently. But I think the data that comes out of that will be very helpful in terms of are we doing the right thing? Do we need to have more emphasis here? It will also drive the remediation strategy which I think is very important in terms of students that aren't necessarily where we want them to be. How do we help them or how do we guide them?

QUESTION: So is that midpoint assessment tagged to AFPC outcomes?

RESPONSE 4: In a broad sense, yeah. But again, I see the AFPC outcomes as part of a much bigger picture in terms of evaluating our program, evaluating our students, we now have assigned an associate director just to assessments, developing our program and plans.

QUESTION: Yeah, I tend to agree with you given that that's my job. This is only one thing that I use. So, curious to know, other types of data that are generated based on the AFPC outcomes that is then used for evaluation purposes, does anyone generate any other kinds of data other than mapping?

RESPONSE: It's [redacted]. I guess this is another kind of data is we're building this elaborate framework where if all of your assessment items are tagged to, among many things, an AFPC outcome, or two or five, and the assessment data is that there is an overwhelming stream of becomes another form of data that can be said to be based on the AFPC outcomes.

QUESTION: Yeah, in fact, I think what you've got there is another version of mapping just in the sense that you can count the number of times the outcomes are assessed, but then you've potentially got student performance data that can be used as a remediation sort of like what Elaine had indicated, or as program evaluation information, where are we doing better or worse in terms of the performance of those students. [redacted], do you do anything like that? I think you had mentioned something.

RESPONSE 3: We're actually in the process I'd say of re-evaluating the implementation of our program. We started mapping prior to the implementation to avoid, like you mentioned earlier, redundancies, but then. . . realize that in practice. and now that we have. program implemented we are make sure that we certainly have some things to achieve but we're currently collecting data so I couldn't really tell right now what we are doing those quality assurance tests so I'm not sure I can say how much more right now, at this stage.

QUESTION: Alright is there anything else anyone else wants to mention in terms of how they use AFPC outcomes for monitoring and evaluating their program? OK. Now just to close out we have about 10 minutes left this is going to be a very rapid fire part of our exercise but I would like to run through the 7 roles and just off the top of your head if you can think of the major deficiencies or potential redundancies that you can identify with respect to the outcome document itself under each category, that would be very helpful so starting with the outcomes associated with patient care provider which includes assessing patients, planning care, follow up and evaluation and document, can you please identify any

gaps that, in your experience using the outcomes, has posed as you plan and evaluate your program.

RESPONSE 5: Well maybe, on documentation everybody's moving at least in our institution to EMR and then other of our students don't have exposure to EMR so it's a new area I guess that our students won't get exposed unless they get into hospital practice or working in a specialty clinic where that's the new wave and manually writing in progress notes and stuff is gone.

QUESTION: OK.

RESPONSE 4: My only comment about that outcome is that it's so granular that it's overwhelming. The point you know X point, Y point whatever, it becomes too difficult to work with 'cause it is granular work.

QUESTION: Do you find that it's redundant because of that?

RESPONSE 4: Yeah.

QUESTION: Yeah. Anybody else have a similar experience or different experience? So no more comments about, oh go ahead.

RESPONSE 2: It is too specific to work with in many instances because a lot of those things are always linked or half put together.

QUESTION: OK so patient care provider going once, going twice anybody wanna add a final comment.

RESPONSE: My sense of that question is that the dot x level outcomes I don't think are too granular and I think they're quite practically applicable with some tweak suggestions, it's when you get a level below that that I would concur with others who've said that they're overwhelming.

QUESTION: Is it correct that it's only in the patient care provider where we have the 3 levels?

RESPONSE 4: No.

RESPONSE: No at every level there is in every random there's at least a dot y.

QUESTION: I got it OK. Alright so let's move on to the Communicator outcomes, once again can you please identify any gaps that you've experienced using the outcomes for planning and evaluation purposes. How 'bout redundancies?

RESPONSE: This is one where there seems to be overlap where some of the ones in the advocate outcome there's a number of times where we were building a model where we were saying the same thing and more than one place.

QUESTION: I see.

RESPONSE 4: Yeah we encountered that. Given the changes a lot of environment maybe beef up 2.4 because increasingly technology wisely is going, pretty fundamental.

QUESTION: Yes OK. So it's kind of vague at this point about technology use?

RESPONSE 4: Yeah.

QUESTION: And just to give you another way of thinking about the questions I'm asking right now, we're trying to look for representativeness of the role itself, so do the outcomes as a group seem to accurately reflect the role that their describing and so with Communicator I've just heard something about technology and overlap, any other issues with representativeness of the outcomes under Communicator? OK let's move to Collaborator then, can you please identify gaps or redundancies that you've experienced using the outcomes for planning or evaluation purposes?

RESPONSE 4: Well the comments earlier around structuring them more around the national competencies that have been developed amongst all the health care professionals I think is really an important one.

QUESTION: OK. I think we can glean that [redacted] you've kind of already covered this one.

RESPONSE: Yeah I concur with that it needs to be blended much more with other accepted frameworks for this that exist in Canada.

QUESTION: OK. any comments as you see these relating back to your version of them in Lavelle (sp)? OK we'll just move on to Manager then. Any gaps or redundancies in the Manager outcomes?

RESPONSE 2: So this is one where we have a lot of debates about it, to what level we should actually be able to manage within the work. We have lots agreements around them being able to manage their own time and that sort of thing but, I'm sorry I'm really hearing an echo again.

QUESTION: Oh I'm sorry.

RESPONSE 2: But so I mean that's not relatable to redundancies and things that's just about the whole area and then the other thing that was I think mentioned too is that CanMEDS (sp) has gone to Leader as opposed to Manager but there's people that feel very strongly about the necessity for pharmacists to have some basic managerial skills that aren't leadership so I don't think there's a 100% overlap there.

RESPONSE 5: I would agree as well because we're having trouble where we say that a student graduates tomorrow and then we can put them in pharmacy A and now they're a leading manager in a drug chain and so we're struggling with similar type of issues in (University 3).

QUESTION: Yeah I'm hearing a bit of controversy here in the Manager realm where there are a faction of individuals who feel it is more of a leadership role and then there's this reality that 80% of pharmacists move into community practice and need to know business operations, management type things and how does that fit together. So interesting.

RESPONSE 4: I taught in a business program and I will tell you that again this is a debate that goes on maybe also where there is a need for families one isn't at the expense of the other, they're both required actually.

QUESTION: OK and do you think they more or less reflect leadership, they more reflect the basic managerial issue.

RESPONSE 4: They don't address leadership really.

QUESTION: Yeah.

RESPONSE: I agree with all that it's just said that it'll be good to have a healthy debate about a Leader versus Manager and actually saying versus means that they're somehow at odds but I don't think they are at all. One practical thing that we faced in (University 2) as it relates to the Manager one is a lot of these outcomes have this minor actually managing stuff and our College of Pharmacists in (Province 2) is extremely specific about our students never doing anything except under the direct supervision of a licensed pharmacist which causes all kinds of problems for us, but one specific one is that we can't really have our students do some of these management things even remotely independently such that they could demonstrate the competency.

QUESTION: Interesting OK.

QUESTION: So Scholar just briefly any identified gaps or redundancies?

RESPONSE 4: It became a bit of a catch all for us, we put a lot of our foundational stuff here. High end stuff.

QUESTION: Yeah. I've seen that. Also the EBM piece seems to be primarily focused in here. It's been a useful category for you, you haven't had to modify it or?

RESPONSE 4: Well I would say that the comments made earlier about or better recognition of basic clients is where that fits. Where, you didn't really find a good place for it for Scholars.

QUESTION: There's the one outcome that says you must possess the foundational knowledge and blah, blah, blah. So that basically gets applied to every single course multiple times. Yeah. OK finally I'll just close out with Professional, I'm sorry if I haven't offered you enough time feel free to email me additional comments after we're done here. But if you have any identified gaps or redundancies go ahead.

RESPONSE: Yeah I made comments about this earlier, we sort of set this whole thing aside, not that anything that it says was particularly wrong but the overall list, I don't think reflects the current conception across health professions and what professionalism means. We built out a more, a broader perspective on that for ourselves which we're happy to share when it comes to that in the next stage.

QUESTION: Yeah.

RESPONSE 4: And I would add that the e-professionalism, the understanding of the social media environment makes special use of that environment, probably something that we should be looking at.

QUESTION: Yes OK great and we've heard that again earlier as well. Before I go I guess before we close off I'll just ask is there any last comments, anyone is sort of saved to the end that they'd like to make before we close off.

RESPONSE 2: Well I guess I just find it interesting to see how people were adapting differently in different areas to what I thought were pretty specific outcomes like as for example we put our information about and stuff in the technology session rather professional even though there's obviously overlap there. Appropriate use of technologies and whatever that, I can't remember the word is.

QUESTION: I think it's Communicator, yeah it's under Communicator.

RESPONSE 2: Yeah. Anyways it was very interesting to listen to how people have adapted to the outcomes

QUESTION: And hopefully that will be useful as they go forward with revision. Alright you know with that, Jamie (sp) I don't know if your still there, if you want we can debrief and let everyone else sign off but I want to thank everyone for your engagement. This was the first time I've done this using Adobe Connect and it, while we had to deal with interruptions and stuff I think it went quite well and I really appreciate everyone's involvement, I think we have some great information here. So thank you and I guess they'll be in touch to tell you how this all plays out.

RESPONSE: Thanks so much Ken for leading us through this.

RESPONSE 3: Yeah thanks. Bye everyone.

89:20 RECORDING STOPPED

Transcript 2

QUESTION: The use of the 2010 Association of Faculties of Pharmacy of Canada outcomes in entry to practice pharmacy programs across the country. The information generated from today's focus group will be used to inform a revision process currently being undertaken by AFPC in coordination with representatives from all 10 pharmacy schools. My name is Ken Cor and I work as the Director of Assessment at the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. In the spirit of full disclosure while part of my regular responsibilities include the use of the AFPC outcomes as a basis to evaluate the U of A's curriculum, my role for today's conversation is limited to facilitating our conversation to generate information about your experiences using AFPC outcomes in your programs. So today's focus group will be semi structured in format, and I'll be taking you through a series of predetermined questions in order to spark discussion about two main areas of evaluation with respect to how AFPC outcomes are used. While we'll do our best to work through all of the questions, when the discussion of your experience warrants further exploration, I will ask general follow up questions like can you tell me a little bit more about that, as well as potentially pose new substantive questions that emerge from your descriptions. Does anyone have any questions so far?

No.

QUESTION: OK, before we begin I want to inform you that the audio from today's conversation is being recorded, and it's in order to be transcribed for some analysis. All identifying information will be stripped from the transcript, and any results that are generated will be reported in a way so as not to identify particular individuals. By continuing to participate you are consenting to have the findings derived from our analysis used for internal evaluation and revision purposes, as well as for results that emerge from our discussion to be disseminated through AFPC presentations and publications. This may involve the use of some non-identifying quotes from our conversation to be used as exemplars of identified themes. At this time I'd like to offer you an opportunity to leave the call if you do not agree to these terms. Does anyone feel uncomfortable with what we're about to do? OK. I didn't think so. We're all, what's the word, like minded in regard to the AFPC outcomes, so we should be good to go. But again, if you do feel you need to leave at any time for unrelated reasons, just maybe raise your hand and let us know and we'll know that you've left the conversation. Alright, now I've done an audio test where I've had you say where you're from, but I'd like to start before we actually get into the questions by allowing everyone to briefly introduce themselves, including their faculty affiliation as well as their primary role as it relates to use of the AFPC outcomes in your program. This information will help me facilitate the interview, but will not be used to generate results or reports. So, again, we'll go in alphabetical order based on first name, and that put us with [redacted].

QUESTION: Great, thank you. Alright, so we're going to begin with part 1, which is the section of this evaluation is to explore your use of AFPC outcomes to design and plan curriculum. So not so much about evaluation, more so about the design and plan of your curriculum. So planning and designing curriculum can occur at various levels within a program. For example, planning can occur at the overall program level cutting across all courses and years. At the level of different categories of courses or content, for example pharmaceutical sciences, behavioral, social, and administrative sciences, etcetera, or at the individual course level. Now those are all just examples of levels, but using those as a frame of reference, I'd like you to answer the following set of questions. Can you please describe your experiences using AFPC outcomes to plan and design a curriculum at an overall program level? So across all years and all courses. Can you describe the successes and challenges you've had using the AFPC outcomes to plan at an overall program level? So anyone who wants to start us off, usually the first person mentions a few things and then people.

RESPONSE: Ken, it's [redacted] here, I can start us off. Certainly in terms of broader perspective, when we originally developed the Pharm.D. curriculum it was around 2008 we were working on it, so we didn't have the 2010 outcomes at that time. But we certainly used the Pharm.D. outcomes as well as the outcomes to consult with. We also use the American's outcomes. that time along with to develop our program. But since the outcomes have been out in June 2010 we have been using it more broadly I would say to ensure that our curriculum is consistent with it. One of the challenges that comes up frequently is that because the way the outcomes are designed and we're culminating outcomes, they're more easily visible towards the end of the curriculum where we can see someone. example are able to meet these outcomes. It's a challenge in the earlier part of the program, especially the science courses 'cause they're very difficult for faculty who are teaching the science component of it to see how do my courses relate to the outcomes for example. But certainly in the overall program it's been very helpful, especially in terms of moving it towards the experiential component at the very end. I'll start with that.

RESPONSE: It's [redacted]. I can build on that. We've had similar experiences as [redacted] described. Actually it's a bit uncanny, but it might be more universal than not. I'll just give you a sense of how we use them in planning a doctor pharmacy new curriculum proposal just over the last couple years. We just started to look at developing an overall framework for an entire program. And so we started looking at the AFPC 2010 outcomes as our base. We started the work in 2014, so unlike [redacted] where that work was sort of at the end of the life of the other outcome documents, for the 2010 they were quite well understood and so we used them going forward, but we did find that we needed to review them in light of our local context here in (University 1). At the same time the NAPRA competencies had just been settled up I suppose with the work that was done there. We also looked at we looked at other competencies that our College of Pharmacy had developed. So with all of that, and external consultation and some review

internally we actually revised the educational outcomes somewhat and used that as a starting point. The challenges we saw related to people not always completely maybe buying into an outcomes based curriculum where they're looking for content, they're looking for more detailed information just as [redacted] said about what would year 1 look like, what would year 2 look like? So even though we had this overall end point as here's the outcomes of the program, we had to really step back and say so what does that mean to use it as a guide to develop versus evaluating at the end. And still with our faculty members, especially in pharmaceutical sciences, but not exclusively, looking at what about my field and the content isn't captured and there isn't any way to always identify with this framework that was built. So I'll leave that there.

QUESTION: That's great. Just as a bit of a follow up, sorry, I'm back on the line, I appreciate that you guys carried on without me. This topic about not having enough information about content, is there any access in the AFPC documents that allows for you to address the content that should be taught that isn't necessarily associated with competencies?

RESPONSE: It's [redacted] again Ken. I don't think the outcomes have it, but the document does talk about content pieces. But again, it's just mentioning a broad topic as opposed to any details. But that's more of a guide to convince faculty why. important pharmaceutical sciences. And then it goes into some areas like patient population and certain. areas. But I would say from my experience, I don't think the educational outcomes themselves provide a guideline around that. And that's not the purpose of them necessarily, but I don't think they address the outcomes

QUESTION: So you supplemented with the CCCAP (sp) document. Has anyone used any other supplementing documents as a basis to access that content piece?

RESPONSE: There's one thing I would add in addition to CCCAP, the the American accreditation document is quite a bit more detailed. So I find that one helpful sometimes.

RESPONSE: [redacted] in (University 9). In our curriculum mapping we've not only mapped all of our courses. to the AFPC, we've mapped to NAPRA as well because our thoughts were that NAPRA has some of the foundational knowledge that's necessary for students. It's not really clearly articulated in AFPC outcomes. If it's in the AFPC outcomes then it's almost you had to read between the lines, . . . just some the regular knowledge about drugs and even medications, even under Scholar, . . . supposed to know this information so we find that in the NAPRA outcome quite explicit so we've mapped our curriculum to both. In the meantime I wasn't at the school when they developed the

current program. I came in afterward. It seems as if having national . . . provides a baseline which is good for schools and for programs so that we're all generally working toward the same national compensation. However when it comes to the specific AFPC outcomes there have been some challenges. Some of the areas have so many outcomes and it seems as if there's a fair amount of repetition. Some are so specific, others are very general. Sometimes the language isn't as clear. Just to give you a little example, under Scholar 6.1.3 utilize established decision making framework, etc., etc. I've . . . so many of our faculty, OK what are these and what . . . tell me what they are. So I think that sometimes people make decisions around the national outcomes because . . . too in terms of what's more important and what isn't because of course the way the outcomes are written there's no priority or no hierarchy there. So the question becomes to what extent do we keep to all the outcomes. . . . the curriculum mapping we were able to see which outcomes of course are paid more attention to in the curriculum. And the last point that I can think of right now is that literally when you're reading these outcomes as if the students are supposed to be able to do it. Such the students can defer . . . they can develop a care plan and we've worked with the fact that I guess really what this means is are our students when they graduate geared to do these. Not that they can actually do it, but they have the knowledge . . . understanding to hopefully enable them to do this . . . in the classroom setting. And that's it.

QUESTION: OK great. So have we heard from (University 8) yet or (University 6)?

RESPONSE: This is [redacted] from (University 6). The educational outcomes that are, I'm sorry I'm going to take away the phone away from my ear so I don't hear myself. The educational outcomes that these students from the AFPCexperiential learning situation and most of our . . . learning and most of our evaluation forms take some of the elements that are outcomes and are very similar to but we've been having some problems with our clinicians who have difficulty understanding how to evaluate the students by reading the outcomes that we want to measure. So we've been trying to modify our evaluation to make it simpler for pharmacists that are . . . working and evaluating students their experiential learning.

QUESTION: OK great. So they've been really helpful for designing assessments for you guys except for when it came time to actually assign some kind of grade or evaluation of a student

RESPONSE: Exactly.

QUESTION: And (University 8).

RESPONSE: I would agree, this is [redacted] from (University 8). Sorry I've got to do the same thing ... talk ... I would agree with what's been said. Largely I wasn't involved ... current program we have but mapping the outcomes of our current program and then looking forward ... Pharm. D. A lot of the comments ... some ... can be quite vague ... struggle with that ... how do we know to what degree our students are achieving these outcomes. I think it also has ... beware we are good but meeting some of the outcomes ... not so good. In particular I think we struggled with managers and how ... the opportunity to develop those skills and I really don't have, unless ... situation in our curriculum of opportunity until ... struggle with that a bit but a lot of the comments that have been said in terms of ... challenges with how to use ... and evaluate them ...

QUESTION: OK great. I'm going to move onto the next question here and it's already been spoken to slightly so I'll give you an opportunity to expand on what you've already said and if you haven't commented on this already it'll be your first opportunity. But talk about any modifications. So we heard from (University 1) about using NAPRA. We heard from (University 5) about using, sorry [redacted] and [redacted] about modifications they tried. Which other sources of outcomes have you used to potentially make revisions to the AFPC outcomes? So the example we've heard are NAPRA, other examples include CanMeds, we've heard the American Accreditation Standards. Please describe any elements and other sources that have been particularly useful in your modification efforts.

I was just going to ... one thing. ... modifications outcomes ... use the ... competency ... other outcomes.

QUESTION: So are those the national CIHC inter-professional

Those are there and then based on that ... count as well.

QUESTION: I see.

RESPONSE: It's [redacted]. We also used the inter-professional learning pathway competency framework at the U of A.

QUESTION: OK and I think those are both based off of the CIHC competency framework if I'm correct.

RESPONSE: Mmmhmm. We also use CPSI. Sorry.

QUESTION: No that's OK. [redacted] what is the CPSI exactly?

RESPONSE: Canadian Patient Safety Institute.

QUESTION: OK great. And I think [redacted] you were weighing in, or [redacted].

I was just mentioning that we also as well.

QUESTION: Alright I want you to shift modes a little bit and think about the individual course level. Can you describe how your faculty has used AFPC outcomes at the individual course level to plan and design their courses?

RESPONSE: For here in (University 9) that's really been instructor dependent. When I started the curriculum mapping there were a very few who had taken the AFPC outcomes and aligned them with the course objectives. Most of our course objectives were written by instructors and I was the one who tried to findoutcomes course objectives. And what was interestinglecture objectives and those lecture objectives were really what they were teaching, not even the course objectives. And not the AFPC, now I'm not saying they weren't but they hadn't made an effort to link the AFPC outcomes. The AFPC outcomes may have come afterwards were probably based on their experience I guess of how they developed course objectives.

QUESTION: OK so did you ever get to a point where you required instructors to use AFPC outcomes?

RESPONSE: ...by use. I was the one who ... course objectives, went through AFPC, matched them according to my understanding and gave back to the instructors their feedback. But it went kind of backward. ...we didn't start with AFPC, ... course objectives and then match them to AFPC. That's an honest response.

QUESTION: Oh for sure. Does anyone resonate with that?

RESPONSE: Definitely in (University 6). And sorry I couldn't quite hear the comment, I apologize.

QUESTION: No problem, I'll feed it back. Essentially [redacted] was saying that at the individual course level instructors had their own worded objectives, usually from their lectures and she ended up having to go back and tag those objectives with AFPC outcomes and then verify them with the instructors. And then I followed up by asking was there ever a requirement to tag courses with AFPC outcomes and the answer was basically only through this process of secondary tagging. And so I'm curious about the other schools' experiences with using AFPC outcomes in course development.

RESPONSE: I can picture the ... in the ... administration developed new course outlines and ... developed ... mapping. And so with that in mind ... the AFPC outcomes ... and the ... course outlines so each course instructor was required to actually review the outcomes for their individual course and check out what outcomes they think were covered within their course. And so they didn't have course objectives and lecture objectives but ... course objectives broadly, just which of the AFPC objectives they are addressing ... person's mapping how the course objectives are also linked to the AFPC outcomes ... determined by the instructor teaching the course.

RESPONSE: This is [redacted] speaking, I'd like to respond to that because I think that with our new ... program that's probably ...because of the fact that now ... link I think they will see the benefit of starting with AFPC and then writing their course objectives to match AFPC.

QUESTION: Interesting. Have you experienced any challenges with having all your instructors go through that process?

RESPONSE: Ah for us, absolutely. Quite a bit. Some pick up on what the outcomes mean easier than others and ...challenge ...in that the early courses they have difficulty saying how they address the outcomes. relate to any of the outcomes and then ... very few that are covered. But certainly there are components example who get covered in some of these courses. But it's in a good sense of outcomes

QUESTION: OK

RESPONSE: And one thing I should add too. The other thing they've done with our course objectives is we've covered in introduction level and in intermediate or advanced level. And the reason for that is we know that ... will be part of the game later but maybe at a more in depth level in different courses. And so this has allowed us to look at the progression in terms of these outcomes so that courses ... possibly at different levels progressing through the years.

QUESTION: Interesting, so was the companion document that describes the levels of performance for AFPC outcomes useful in that process and if so how.

RESPONSE: Sorry do you want me to answer that Ken or is it an open question ...

QUESTION: Sorry yes, I'm just curious about you say you specified levels of depth and I'm wondering if the performance level document that comes along with AFPC outcomes, if that was also useful for you for that process.

RESPONSE: That was probably more useful to the individual coordinator, especially in the so we didn't course objectives based on what the ... developing and so when they developed objectives back then so what level ... for example Year 1 versus Year 2, Year 3. And so that just allowed us to progression for different outcomes within our curriculum. So we didn't actually use the level but the leveling I think ... more useful for the class

QUESTION: OK

RESPONSE: This is [redacted].

QUESTION: Go ahead [redacted].

RESPONSE: I was going to say something that I did but now cognitive levels are . . . critical thinking, I used the Anderson . . . and I took all of the . . . outcome and I categorized them as . . . levels of thinking. Then when I . . . course objectives, it was interesting, many of the course objectives . . . for content with the AFPC outcome but not necessarily cognitive levels. So . . .with the wording it would read as to opposed to analyze or evaluate . . .and I would read the course objective probably . . . design which . . . cases at a much lower cognitive level. And then they also . . . their own performance level for each of the course objectives. The cognitive matching . . .

QUESTION: Interesting. So I think there are a couple other voices to maybe weigh in on this with respect to using AFPC outcomes to plan and design individual courses.

RESPONSE: This is [redacted] from (University 6).

QUESTION: Yes, please go ahead.

RESPONSE: I'm sorry .. the only person . . . echo . . . everything so . . .the most of our courses were already defined with . . . AFPC . . .outcomes were published although one of the authors . . . from my school so I think they did incorporate them in the course objectives. But we've been using them mostly for our skills lab and our . . .

QUESTION: OK. Alright so that's another time where the AFPC outcomes are being associated more with the experiential education and practice skills. How about at U of A or at (University 8).

RESPONSE: I can talk, this is [redacted], first of all I just want to apologize if I'm repeating key ideas because the echo's quite bad and I find sometimes it's difficult to follow.

QUESTION: I'm really sorry about this

RESPONSE: Our instructors, our faculty members have been using the AFPC outcomes for a number of years, even you know probably before the 2010 version to be honest and we had a requirement that they were any related or relevant outcomes were listed in the course syllabus. So it would be something that the students would see, it'd be something that the faculty member would use in developing a course and planning objectives, planning activities and assessments. What we found was that they weren't always used and interpreted the same way. So in looking at the various years as well as having levels there were sort of a different style of levels specified with the previous version of the outcome document but looking at a yearly outcome, what did we want the 1st year students to focus on? What abilities and outcomes would we be looking at? So we tried to envision that for each year and give some advice to course coordinators and faculty members, and I would say that it was probably mixed results. Some people really embraced them and other people just listed a few outcomes and left it at that. So I'm seeing as people become more involved in using them and in understanding how they can be used, that it's really quite helpful but along with that, there really has to be work done at that faculty level, sorry that's my phone ringing, work done at the faculty level to say you know what it means. Sorry, sorry. There has to be some understanding of how to deconstruct these higher level outcomes, meaning at the end of 4th year at graduation to each year and I'll leave it there.

QUESTION: OK this has been a much worse experience than the last one we ran and I have to apologize. I'll never do this again. No I'm just kidding. I think we're hearing a lot of similar ideas around this. I will end off this part of our evaluation by asking a very specific question about how learning outcomes are used. So often times, learning outcomes are described as being necessary to make decisions about how we will teach and how we will assess. So they are sort of the foundational information we use to make those types of decisions. Can you talk about how your program had used AFPC outcomes to make decisions about how things are taught? So this is actually the strategies that are used to teach and any challenges you've experienced using the outcomes for that purpose.

RESPONSE: This is [redacted] from (University 9). I think it would only be in the skills part of the program and I guess the SPEs that these outcomes have had anything to do with how courses are taught. The sciences courses, the therapeutics courses, they're very much lecture course where information is given to students and student regurgitate what they're taught. So it would only be that from my observations in the skills courses that the instructors have tried to make these as practice friendly as possible and take these outcomes such as the students are actually trying do some of what it says there.

RESPONSE: It's [redacted] here. I would say that because of what's in course outlines, we've asked instructors to actually respond to what outcomes we've covered within their curriculum. When we do review course outlines in the curriculum committee level approval, we certainly look at course objectives to see how are they linked to actually how

the material can be delivered, how students will learn and then does it actually ... do the assessments match the outcomes, i.e., will they actually be able to evaluate the outcome and in doing that we also do take a look at the AFPC outcomes in the back of it to see are they going to be assessed as well and certainly a component such as even Scholar around researching for one, if there are ways to determine if the assessment instructor is proposing, will that actually help measure some of that. So I would say that we certainly pay more attention to the course objective level at a curriculum committee level in determining is the content going to be taught appropriately to ensure those outcomes are met as well as ... to make sure the outcome are met. The other one I would say is in terms of the AFPC outcomes itself, we really like the CanMeds role, the seven different roles. So at the end of each year, for example, we've developed a document that speaks to each of those areas and what level is the student at, being able to function as a collaborator as a patient caregiver and it's ... for one and that's progressive at the end of each year. So that's been very helpful in our final experiential evaluation form actually structured around those different CanMeds roles. So we did find that that's helpful to see can we actually assess is the person a collaborator, at what level are they at. So we see that you'd probably use it in different ways but probably from the curriculum committee level to the experiential evaluation at the end to some extent.

QUESTION: OK great.

RESPONSE: To follow up with that, this is [redacted] at (University 8), that's essentially what happens here too. After mapping the curriculum, any gaps I guess or things that we notice we're missing, usually they always go to the curriculum committee and then from that they'll sort out to the perspective committees if it has to do with experiential or if it has to do with skills labs then it goes back to those groups and those course coordinators look after that and look at the course and see how things can be incorporated. I would agree with [redacted] in that our skills lab group struggles with how to interpret those outcomes to be able to make sure that they're meeting those objectives to the degree they should be. That's definitively an ongoing struggle.

QUESTION: OK interesting. So well a lot of what I'm hearing is that AFPC outcomes are helpful or their used as a basis to check for alignment and in some cases, recommendations are being made in order to change the way some things are being taught but mostly in the practice skills or experiential education side of the program and I was going to follow up with question about how they're used to develop assessments but you're already starting to talk about that. So again, it's making more to the practice skill than the ExEd's (sp) courses. (University 6), [redacted], would you like to weigh in on how the AFPC outcomes have been used in your process of making decisions about instruction and assessment?

RESPONSE: Like I said, I think our program has been developed before the publication of the educational outcomes so again, I think when I read all through them, because I wasn't part of it at the beginning, when I read all of the education outcomes, I see that they're all somewhere in my program but they're not worded the same. So the content is there but it's the same wording and of course it's in French so it's different but the general idea's there. I think when we're going to modify our program, we'll be able to maybe refer more to the AFPC educational outcomes. As for the assessments, I don't think we do look at the outcomes and we just use our own objectives that were written when our program was developed.

QUESTION: OK. So just quickly now, I've mentioned the levels of performance document that is associated with the educational outcomes themselves. I'd like now just to provide some open time to talk about how any of you have used it all in your planning and design process and the challenges or successes you've had with it. It seems to be a document that is less used than the actual outcome document itself. So if nobody is using it, that's fair enough and just curious if anyone has tried to and if not, that's fine as well.

RESPONSE: This is [redacted]. I've not even seen it and no one here in the faculty has ever mentioned it to me so I'm presuming it isn't used.

QUESTION: OK.

RESPONSE: And in (University 5) I know we used it in the beginning. When we developing the curriculum it was helpful to look at it. I would again say that it was probably more helpful to the practice courses. I'm thinking of the different leveling but I would not say necessarily that's it's an actively 'cause there are a couple examples in it but we haven't actually used it as much Ken. But I do believe it's a very useful document. It could've just been for many reasons not been used.

QUESTION: OK interesting. And [redacted]? Oh sorry, go ahead.

RESPONSE: In (University 6) we kept the three level of performance for our competency when either in labs or in experiential learning. We have below expected performance, performance expected and above expected performance and we kept that, although I'm not sure all of the sub-criterias are followed word by word but in the general idea, that's our scale that we use.

QUESTION: OK and (University 8)?

RESPONSE: I don't think many knew about this document including myself until it was mentioned I think a while back and so we looked at it in the skills lab and actually we wanna take a look at it in more detail this summer when we're doing some planning but I think at this point it's fair to say I don't think many have used it or maybe even knew about it. I'm not sure.

QUESTION: OK great, [redacted]?

RESPONSE: You know I can't speak for everybody. I'm not sure the extent to which this document is used. I know I personally use it. I think there are extremely good sort of little scenarios or ideas, like inspiration on how to create a course. I think because the document was developed at a time where we had a curriculum established and we haven't quite started developing one yet at that level where this document would be used. I think the jury's still out maybe at the U of A whether or not folks are finding it useful but I think it has a role. I think that it could potentially offer ways to understand how to assess some of these outcomes and these skills in more on the observational sort of level of assessing the outcomes.

QUESTION: Yeah interesting. That would definitely seem oriented towards supporting assessment of the outcome.

RESPONSE: Absolutely.

QUESTION: I think that's the intent yes. OK so does anyone wanna add any final comments about how they use the AFPC outcomes to plan and design their curriculum?

RESPONSE: No but, this is [redacted], I have a question. What's the name of the performance document, 'cause I do want to look for it.

QUESTION: The exact name I'm not sure but I think it's Levels of Performance.

It was in the e-mail you sended. It's called EO Levels of Performance, May 2011 AFPC Council.

RESPONSE: Oh yes I have seen those, you're right. I didn't know what they were, OK.

QUESTION: OK great. Alright so the second part, and you've already started to sort of cross over to the second area of evaluation for today's talk and I think we've fixed this echo problem. Am I right?

RESPONSE: Yes I don't know happened. It's great.

(over talk)

RESPONSE: Do you know what you did Ken?

QUESTION: I did. I turned off my speaker, which I think [redacted] you suggested early on and then I called in using my phone, although I still have to have the online audio coming through so that I can record it but I guess this is things you learn when you're not technology adept like everyone else. Anyways it's working so I'm glad. I apologize. We are now into the second half and you've already started to talk a little bit about how you use the AFPC outcomes to evaluate your curriculum. So we've been just trying to stay on the plan and design but it inevitably has been crossing over already. So I'd just like you to sort of summarize or describe your experiences using the AFPC outcome as a basis to monitor and evaluate the effectiveness, the delivery of your program. If you can think of the data that you're generating to use as a basis for evaluation from these things and then where that data is used and sort of forwarded on as a basis to make change. So it's kind of the how and what do you get out of it and then where do you take it from there. So how do you use AFPC outcomes to monitor and evaluate the effectiveness of your program? We've heard the word mapping, so that's a great starting point.

RESPONSE: This is [redacted]. We haven't mapped our curriculum to the outcomes and I'm, as you can probably guess, not the expert in the mapping, our moderator is but I can let you know that we've done a couple maps and we've done mapping a couple ways and one way of looking at the data that was particularly interesting was actually looking at the roles

and I think this has already been mentioned by somebody. But looking at the roles and the general sort of idea of how often we are attributing an outcome or an objective in a course to that role and it's not a perfect science yet because as I already mentioned, the way faculty members interpret the outcomes, the way they write objectives, the way these things are related, it's all a very interpretive endeavor. But with enough, like the rigor that has been used in the process, we feel fairly certain that we have some information of looking before and after our planned curriculum, what we plan to deliver and I think that that has been extremely helpful from that sort of top-level view of what are we planning to achieve. And I think where we'd like to go to it so another how would be to look at the assessment of these outcomes and using a similar approach of categorizing them so that we can see what have we actually achieved by them. So we're getting a great deal out of it. I think it's time worth spent especially if faculty is devoted to actually using the data. Just gathering the data and analyzing the data, it seemed that it really deserved to be used in as many ways as possible. So we're using at the curriculum committee level when we set out to review our curriculum and our courses and we also used it in the planning of the new curriculum.

QUESTION: OK great.

RESPONSE: And I would say that in (University 5), we've probably had a similar experience. Once we finished looking at the curriculum, looking at a curriculum map really helped us look at for example, if you take one outcome that was covered in multiple courses but then you could clearly see where some of the outcomes, there's coverage but maybe not enough or that allowed us an opportunity to evaluate was that enough or not and why we weren't covering certain outcomes as much. It may not need it allowed the curriculum committee to really do a thorough and optimal review around that. The other part as well is for the AFPC outcomes for the advance rotation. We mapped those with what the actual rotation outcomes are with the NAPRA competency, so all three together. So that's been really helpful as well to ensure that our students are meeting with the NAPRA competency and the AFPC outcomes. And with the level I would say that in addition to looking for gaps and seeing where the emphasis providing and giving enough outcomes. The other component is we also map our assessment methodology across courses and just allowing us to see that, you know, how are, this speaks to a question asked earlier, how do we know that the assessment is appropriate to the outcome. So when we look at our assessments as a whole throughout the 4 years and within each year, it allows us to really view to see you. You know are they set at the proper level as to be measuring that skill or the outcome within it. Now we're tryin' to look at the type of assessments within a year and across the curriculum to see are they aligned with the outcomes as well.

QUESTION: Oh interesting. That is very, so there is a bit of an assessment of the alignment of your general assessment method to outcomes?

RESPONSE: That's right.

QUESTION: As you progress through the program?

RESPONSE: Yeah.

QUESTION: Interesting and you alluded to something about student performance so sort of looking at how well students are achieving the outcome. How do you operationalize that exactly?

RESPONSE: That's probably more so it comes to light, it probably . . . practice courses in terms of skill . . . or in experiential. In the experiential, it's a challenge in one way but it also speaks to really having a strong preceptor program 'cause knowing . . . and meeting the level of the right level in the final experiential really speaks to how well the preceptor's going to accept them. And so we've spent quite a bit of time 'cause our assessment form is very much structured on the AFPC outcomes so we spent quite a bit of time looking at what does this level mean and part of the challenge we've experienced now is that we're going to our second cycle of experiential rotations . . . is that although our, we've leveled our assessment tool for experiential based on the outcome, part of the challenge I'm finding is that the student enters the first rotation versus if it's their last rotation, their performance is somewhat different. 'Cause the on boarding happens early on and they get better as they progress and so now looking at training preceptors, one of the . . . level means within our curriculum. What do we want students to be able to do when they complete the whole program. I would say that has been a bit more of a challenge but that's the area we're now looking at is standardizing the assessment in that final experiential rotation across the hundreds of preceptors that are in there to make sure that's how we can . . . at that stage.

QUESTION: Interesting yeah. So how about anyone else with respect to using the outcomes to monitor student performance? I think that might be something we're all trying to do in some way, shape or form. So I'm curious to know what everyone else's experiences have been.

RESPONSE: This is [redacted] from (University 6), again we don't use the exact same wording but when I look at the document, the educational outcome, some of them are in our evaluation forms for our preceptors. So we do evaluate the students with those but like

it was said before, all the preceptors evaluate, it's a subjective evaluation. So it's hard even though there's an element to be observed, every preceptor observes it in a different way so we have our evaluation forms that are there but we didn't do any analysis of the student outcomes based on the educational outcomes, we didn't do any specific, are they here, where are they good at, what are they bad at, we didn't go in that detail.

QUESTION: But I have heard that at (University 6) you do have a sort of ongoing assessment every year where you check in on foundational, I'm sorry I'm not strumming in the right wording here performance which is these enduring competencies that are supposed to be developed throughout the program. Can you describe a little bit how those might be connected to the AFPC?

RESPONSE: At the end of each year, 1st, 2nd and 3rd year we have I don't know what's it called, what it's called in English but its e-class. Its cases where the students go for half a day and they have,

QUESTION: Like OSCE (sp) right?

RESPONSE: probably yeah is that where they, not an actor but a,

QUESTION: Yeah simulated, a simulated.

RESPONSE: yeah simulated that's right, a simulated patients and they have a case and the students play the pharmacist role and they have to answer the questions. So we have those at the end of the 1st and the 2nd year and now for our 2nd year, for our 3rd year the students that finish in 3rd year, they have an exam, a general exam that covers everything that they studied in their first 3 years. So they have a theoretical exam and then they have again a simulated situations and they have six simulated situations in the different stations and they are evaluated and then we do hire real actors to play the patient roles and the students have to pass the exam, both theoretical and these simulations in order to go to the 4th year and do all the experiential learning because all our 4th year is experiential learning in either hospital or community pharmacies. So we do have at the end of each year those simulated and we look for the competencies that we want to evaluate all through the program and so when I do look at the educational outcomes, most of them are being evaluated in there but again, the wording is not exactly the same. So we could make associations but we didn't build it with that document, we build that with our competencies.

QUESTION: But if you could imagine that you only had the AFPC outcomes, you could've used those for the same purpose essentially.

RESPONSE: Yes.

QUESTION: I wonder if there's any other institutions who have used the AFPC outcomes. I mean that process that you describe is useful for actually moving students through the program and ensuring they know what they need to in order to move onto the next stage but it also could be used as a program evaluation source of data and I wonder if anyone, have you guys used it as a program evaluation source and if other people are using AFPC outcomes, took it out, those kinds of assessments. What are the challenges with that?

RESPONSE: This is [redacted] again we have this big evaluation coming up. We've been running our Pharm.D. program for 7 years I think and right now for the whole summer we're planning a big consultation with students that have graduated in the last 5 years and employers and actual students and current students and we want to do this big survey. So I think we might be able to use the educational outcomes as questions in the surveys as to where our graduates did achieve or not the different outcomes that we were planning to get them. I don't know if I'm making myself clear.

QUESTION: Yeah you are, I think that that's something we do at U of A in fact. We assess at the end of every graduation class, how well they feel they've achieved, prepared to take on those outcomes.

RESPONSE: And I just want to mention a couple of things to that as well Ken. So we're embarking on that as well now in terms of the survey but it's based on the . . . other part is although we had in our original curriculum framework, we didn't get to it with all of the implementations that this next year we'll be embarking on Capstone. Original plan went to the Capstone event, sort of what [redacted] had mentioned but at the end of each year. And at the end of the 3rd year we do what we call a transition week for a day, do several assessments but I wouldn't quite call it a Capstone at this stage but we are in the process of implementing that in the next year. So there we will be using AFPC outcomes to really mark the point in terms of having that certain component.

RESPONSE: Yeah so our 3rd year is actually a Capstone, I was looking for the word earlier but it is for our 3rd year exam is Capstone.

QUESTION: How about (University 8) and (University 9), are you resonating with anything that is being said here?

RESPONSE: Yeah I don't think it's much different, we don't have Capstone exams in (University 9) but I don't, other than that what's being said I think would fit here as well. Now we've done some different types of analysis because what we have looked at is although we say we're assessing these particular outcomes, are we actually assessing these outcomes? So we did a study with our therapeutics courses and it was published in the American Journal of Educational Research or Pharmacy Education and what we actually did was we took, because it's therapeutics courses and they were paper and pencil exams, we took every question on the seven exams for this particular course and matched them, aligned them with the AFPC outcomes and the course objectives for both content and cognitive level and found that although the instructors had thought they were assessing the course objectives in the AFPC outcomes, when we actually examined the questions often times they weren't. There were many exam questions that were not matched with any of the course objectives so we had exam questions that came from elsewhere but they weren't really in the course objectives and then we had many of the course objectives in the AFPC outcomes that had been identified that actually weren't being assessed. So consequently what we ended up doing was some revision of these courses such that if it was determined these particular outcomes were important to teach, we then assess them because we know students value what they're assessed on and if we had items that we didn't think that we should be assessing, we found that we weren't assessing certain outcomes but then the question was were we teaching them, were they relevant to the course and we ended up modifying our course objectives, deleting some and adding some so that what we were assessing and what we were teaching were actually aligned. And now we're moving forward to try to do that in skills because in our skills practice courses there are so many of these assessments and we're not sure that they're all necessary. So we're going to look at more closely aligning them. Now that doesn't give us student performance but at least this takes us back a step to see what is it we're actually assessing and teaching.

QUESTION: So you're actually evaluating the quality of the assessment using the AFPC outcomes as a point of basis for judgment.

RESPONSE: That's right.

QUESTION: Interesting.

RESPONSE: Assessments and the instructional objectives you might say too.

QUESTION: We have a little bit of back and forth yeah.

RESPONSE: Yeah exactly.

QUESTION: And sorry [redacted] I don't wanna put you on the spot but I'm just curious.

RESPONSE: No that's fine. I think everyone has said so much I guess I'll just highlight we do have an OSCE at the end of 3rd year and an OSCE at the end of 4th year before they go out on rotations that are part of the skills lab course. A lot of I mean we don't, they're not necessarily, we don't use the AFPC outcomes for those objectives for that but I would wager a guess that if you lined up a lot of what we had for our objectives, they would be similar. So they have those two exams, we also have a progress exam that's basically an exam of retention that we do for 2nd, 3rd and 4th year of our program and Ann-[redacted] Waling (sp) can talk about that a lot 'cause she's done a lot of work in that in terms of evaluation. I think, I had a thought and it was something [redacted] said and now I've completely lost it. Anyway maybe it'll come back to me but,

QUESTION: Oh sure, no worries.

RESPONSE: yeah sorry, yeah I meant to write it down and I didn't. So we are actually very close to mapping our assessed curriculum and that's something that we really wanna do because I think we also struggle with making sure that we are assessing to learning objectives that are indeed at least mapping to AFPC outcomes and so we're anxious to kinda get a look at that and see what it is we're assessing to 'cause I think we would probably also see some places where maybe we're not assessing to what we should be and maybe there's a lot of redundancy.

QUESTION: Interesting OK and [redacted] I don't, I think you sorta started us all off but you've heard a bunch of feedback now and I wonder if you have anything else to add?

RESPONSE: No except I think what's happening at the various schools is fantastic and I think that this would, in my mind be the new standard of, you know I don't think it's enough to measure or collect data and analyze intended curricula. I think we need to look at what is happening, what are the results and our educational instructional design, our instructional delivery and our assessment actually feeding into all of that. So I think it's fantastic and I think that's the direction we wanna move in at the U of A as well.

QUESTION: OK great. So we are getting short on time, we have about 15 minutes left. I want to put a sort of general question out there before I run through each of the seven roles and ask you to identify the things that jump off the top of your head in terms of gaps or difficulties you have with each of the different categories of roles. So that's going to be coming next but my first sort of general question to you is with respect to the AFPC outcomes as a document currently and how you're using it, do you feel and it's kind of a closed ended question, do you feel there's a need for major revisions, minor revisions and if you are on the minor revisions side, how so or the major revisions, what kinds of revisions would you be looking for from your program's perspective given that the roles you have.

RESPONSE: This is [redacted]. I'm in between, I'm definitely not minor, I don't know what's major but I think clarity of the outcomes really needs to be looked at. When I read them I read a lot of words that are there with good intentions but sometimes it's almost and we use the term edubab (sp) that you know it's there and I don't know how clear it is to the people that are trying to take those, you've used the word operationalize. We shouldn't have to do that with our outcomes, they should be clear as they are so I guess it's fairly major because I think quite a few of them could have improved clarity.

QUESTION: OK and so by default are you basically adhering to the document or are you making changes to the wording so that you're better able to use the document?

RESPONSE: We have not been changing the wording of the document however the course objectives we've written more clearly and then just linked it to the document and sometimes we're second guessing ourselves, trying to find an explicit link because of the wording of the outcomes.

QUESTION: OK this is kind of a round table so anyone else who feels the urge to speak up, go ahead.

RESPONSE: It's [redacted]. I think I'm right in between the minor and major as well and I think part of the clarity that we need will come from really taking a look at what do we reasonably expect graduates to do. I think there's times where I personally feel a little bit of regret, a little bit of you know have we put too much on there depending how you interpret the outcomes, do we really think we're going to graduate somebody who is going to be able to manage a pharmacy at Entry to Practice because that's how sometimes those outcome statements are viewed. Do we really think that somebody's going to be able to I don't know, solve complex problems, that one I actually think they should be able to but my point is like really reflecting on what is the purpose, how is this document used, not just by us but by CCAPP, by NAPRA, by the public when they look at it. What does it mean and therefore getting to the clarity of this is what we really mean, this is what's reasonable and expected and doable. So I think it between there.

QUESTION: Sorry I like that wording you mentioned Entry to Practice and sort of using that potentially as a frame of reference for judgment of how to write these things and I wonder you know I think manager is something I've heard a lot about in fact whether or not they're written in a way that makes sense in terms of what a pharmacist should reasonably be expected to do once they get to the end of our program. Are there any other places in the, you know what we're going to cycle through all the roles and we'll use that as a basis to sort of ask the question but how about anyone else in terms of major, minor revisions?

RESPONSE: It's [redacted] here, I see it as in between as well similar to [redacted] and [redacted] as well. A couple of things, one is I guess I think there were some . . . that would be good to ensure terminology between NAPRA, AFPC, you know within healthcare what we're using would be nice to have some learned terminology. There's one that comes to mind. The other one is the current document is very helpful, the AFPC outcomes. I don't know if it's too detailed or not, and maybe that's where a lot of the question comes up, how do we ensure they can do each one of these? So that's just a general question, but I would say I see the divisions as probably not necessarily very minor, but not as a huge major document either, somewhere in between.

QUESTION: Yes, because the implication would be that everything that's been done so far in terms of mapping and planning, would all of a sudden not necessarily be out the window, but if there was a major revision there'd definitely be stronger implications for change and fallout than if it was minor.

RESPONSE: I think it's more wording than meaning.

QUESTION: More wording than meaning, what about the number of roles for

RESPONSE: Oh my god, there's so many. And now I'm just looking at informatics, there's 31 new competencies under informatics alone.

QUESTION: I was thinking more of the major categories, so you've got care provider, manager, professional, sorry, go ahead.

RESPONSE: I like the categories, it's what's under the categories that bothers me. communicator. And the communicator is one I think that probably needs major revision, but I'm OK with, I don't know about other people. Now I'm not a pharmacist so I'm not a good one to decide whether these are good categories.

RESPONSE: The ones I'll sorta mention is certainly looking at, I think Canada uses leader as a role, and certainly when you look at graduates and where they need to be, and the type of individual coming out of our profession program, being a bit more. having a bit more of a leader type of thinking is important. Whether we change the terminology or not, I'm not sure. certainly I think we need to be consistent in terms of what's required for. in general to help profession.

QUESTION: So for leadership there may be a place for that to be a role.

RESPONSE: I don't think that's as emphasized in that current one.

QUESTION: OK. And how about (University 6) perspective, and (University 8)?

RESPONSE: This is [redacted] in (University 6). We've played a bit with our competencies and we've kind of had brainstorm meetings because when I look at the seven roles that you have on the educational outcomes, some of them are for us competencies that the students have to achieve, or I don't know what's the word, but they had to get there, and instead of having the seven roles we found that a pharmacist has three major roles and we kind of separated them into pharmaceutical care, management and services to the community, so in those three or roles, under there come all our six competencies that we think should go with a pharmacist. So then the communication is the one of the competency,

collaboration is another, professionalism is another. So instead of having different roles we kind of played with them a little bit so we have three. and competencies instead of roles, but in the end it all works together, but it's.

QUESTION: Interesting. But there is some overlap I think from one category to the next. Like patient care provider for example might have some communication worded outcome in the current version right. And some of these outcomes seem to sort of cut across some of the other roles and the approach you're describing would sort of say well maybe communicator comes in under each of the roles in different ways kind of thing. Interesting.

RESPONSE: Ken, do you want me to weigh in? This is [redacted].

QUESTION: Sure.

RESPONSE: I'll just add I agree, I think we're somewhere between minor and major. I'm going to say maybe leaning towards minor because I had a vision of having to change all my mapping and oh my gosh. I'm just kidding. But I think it is somewhere in between. I agree, clarity I think would be helpful and to [redacted]'s point, I think it's true, what are our expectations? What are we expecting out of a graduate? Is it that they have the management skills to be able to manage daily practice? I don't know if that is something we expect from someone who's entry level to practice. But yeah, I would agree, it's somewhere in between those. And I really liked actually the suggestion of having maybe communicator under a bunch of different ones because there is overlap in a couple of these.

QUESTION: Interesting. Maybe a reorganization plus clarification or reduction of redundancy.

RESPONSE: Yeah.

QUESTION: OK, we are pretty much out of time. For those of you who can stay for an extra 5 minutes, I promise to end at least before 2:35. I would like to just quickly roll through each of the seven categories. This is really just sort of first thing that comes to your mind, those association type things. When you think of the patient care provider role and the outcomes associated with it, you've got assess patient outcomes, plan care outcomes, follow up and evaluate, and document. Can you talk about anything that sticks out in terms of a gap, or a redundancy in that category? And feel free, everyone jump in whenever.

RESPONSE: I think that when I did the curriculum mapping, I saw a lot of overlap. It seemed to me when I would look at a course objective there were any number of these AFPC outcomes that I would match to a particular course objective, and the same ones kept showing up time and time again. So I think there could be fewer outcomes, and yet still maintain the integrity of the meaning of the outcomes that are there.

QUESTION: Interesting, so that's under patient care provider especially?

RESPONSE: That's under patient care 'cause that's the huge one.

QUESTION: That's the huge one, yeah. Any other comments on patient care provider?

RESPONSE: [redacted] here. I was going to say it's probably quite detailed, but I don't see any, I mean I think they're all important when we talk about the different components that are required for patient care... quite detailed. So we could probably make it more concise if that's feasible.

RESPONSE: Yeah, this is [redacted], I agree. I actually think that the detail in that, and this is just my personal opinion, I'm not speaking for the process we used when they were written. But it's my sense that there was such an emphasis on pharmaceutical care and teaching those skills and making the shift to a patient focus, outcomes based curriculum versus when I went to school and we were getting a science degree, where we had a year of internship after we graduated, that's where the magic happened. Things have changed and I think that the detail there, I find it quite prescriptive, and I actually find it limiting to be honest. I think there is way too much detail there and I think the times have changed and I think that this document could really embrace that whole yes you're a care provider, and there isn't only one way to do it. And our standards sort of cover off those things, so that's my 2 cents worth there.

QUESTION: OK, that's interesting. Alright, I'm going to move to communicator in the spirit of time. One idea we've heard with communicator is that it does seem to cut across the other roles, so any other additional comments with respect to the communicator outcomes?

RESPONSE: From someone who taught in the K to 6 system for a long time, I looked at many of these outcomes and that's what they seemed like. When I'm looking at things like correctly applied rules of syntax grammar and punctuation. Write clearly, use organized When I look at some of these particular outcomes, this is probably the one that I thought needed the major revision to it. I like the idea of integrating it with other competencies, or categories, my concern is that in all the literature I read around pharmacy education, communication and critical thinking show up as two of the needs that are identified so often, and they seem to be the two prevalent ones. Now, critical thinking we know is not its own competency, so I guess communicator doesn't need to be either, but we certainly don't want to lose the importance of being able to communicate in the ways that we think our graduating pharmacist should be able to. But I think this is one that needs the most overhaul. Although I agree with what [redacted] said about patient care, about the care provider.

RESPONSE: I would say that the communicator, yes, it does lots of different areas as well, but I think it is important to keep it individually. Mainly because it is a key component, doesn't matter how much knowledge a student has, and even if they're able to problem solve, they can't communicate effectively. And I think among all health professionals this is probably a key outcome, and I don't know if that will be taken out for the other ones as well. I think it's in medicine as well. And so I would recommend. that maybe clarifying some components in there.

RESPONSE: This is [redacted]. Agree with everything that's been said. I would think that the whole idea of these competencies being at a K to 6 level is kind of a sad idea, but it probably was apropos at the time. But I think we have to expect a little bit more, so I would say a revision of that section, and really emphasizing this is pretty high level communicating, it's big decisions are being made, and communication is absolutely at a higher level than syntax.

QUESTION: Yeah, OK. If anyone needs to leave now, it's 2:30, we have collaborator, manager, advocate, and professional to get through. But we're beyond time so please feel free to leave. The collaborator outcome.

RESPONSE: Again, collaborator for us, it could be used under pharmaceutical care because, not pharmaceutical care, but the first one, the care provider, because you need to work as a team and when you do the plan care you work with the doctors and the multidisciplinary team, so it could go somewhere else. But again, if it's a role that you want to evaluate by itself, it could be a role to evaluate, but it can go into other roles.

QUESTION: Yeah, in some ways it's kind of a very artificial process to create these buckets 'cause in a lot of ways everything is overlapping. And not arbitrarily, but by creating these buckets you create a sense that oh, we'll cover collaborator when we get to the collaborator outcomes, but guess what, it's actually happening in other places as well. So that's almost sort of a side effect of the way that these are being structured is that you start to think of the outcomes in a way that is more simple than is actually true.

RESPONSE: The collaborator role is slightly different too, it's not the cognitive roles in the collaborator that are emphasized as much as perhaps some of the affective domain, which makes them more difficult to assess. You know, respecting the rules established by the group, recognizing, respecting responsibilities, there are lots of things here that are quite difficult to assess. And then again clarity, you know, provide provision of care in a coordinated fashion. What does that mean? So this is where some. I don't know what to say about it being separate because the thing is it's almost like an analytic rubric in that while we have the categories, naturally there are connections among the categories, and I think that's something that we have to live with.

RESPONSE: My only comment would be that a lot of this is probably covered through our. and it may be good just to revisit the. competencies to make sure they're embedded within this as well. And they probably are by looking at them, but that's just a comment in the review just to compare the two to make sure that's covered.

RESPONSE: I think given the emphasis on inter-professional health education, here at (University 8) they just built a new building for that purpose alone. It's a strategic direction here for certainly this university. And I guess if that's really the way we wanna be going with health care, then my only concern with not having it there, or kind of embedding it with others would be that that might be lost. And I do think there is a skill set that's specific to being a part of a team, that if there could be better clarity around that, maybe it would be I guess more clear.

RESPONSE: And is it possible to have an outcome that we don't need to assess in such a way as we assess say Scholar or care provider? Because again, when we look at these, these are mainly some of our personal, professional attributes that we do want to promote in our students, but my fear sometimes is sometimes people think that because there's an outcome there we have to assess each of the outcomes. And maybe part of moving forward would be to look at some of these national outcomes and address the fact that something like collaborator we look at a little bit differently than our ability to communicate say in writing or our ability to document or identify DRPs. Anyway, just something to think about.

QUESTION: No, I think as you write outcomes the question of well how are we going to assess it has to be on your mind, right. And maybe as an additional companion document with an outcome document you kind of have a recommended or some kind of well this is how we thought of the way this would be assessed, and that's something that as you go through a revision process you should be asking yourself as you read each outcome, can I assess this? And not that it doesn't mean that it can't be included, but there should be some communication about the intention of its place in the document itself, that's interesting.

RESPONSE: Before you move on, I think that with the greater kind of health care shift to inter-professional collaborative care models I think it's absolutely required. I think what is interesting is I think we have to understand and remember where this came from, and these role statements were more or less based on CanMeds and when you think of educating physicians, collaboration was a real key change in maybe their world. So that's where this came from. So understanding where it came from sometimes helps understand its place here. And I think that a lot of the assessment just based on what I've seen in our own program, a lot of this assessment is on the final rotations, and it is sort of a qualitative affective type assessment I would think, not as objective as we might be used to in perhaps a classroom or laboratory simulated setting. So I think a lot of this is dealt with in the IPE sort of setting.

RESPONSE: That makes sense.

QUESTION: Alright, manager has brought up some comments about not being described in a way that's realistic is one way to put it in terms of expectations. And then also maybe potentially missing leadership. Are there any other things that come up or that you'd like to add with respect to those ideas?

RESPONSE: The only thing I would say about manager is I do think some of the components under manager are important. I mean pharmacists still are a component of managing safe and effective distribution of medications. And quality assurance and improvement programs. And I think it's important that someone who's entering practice knows about that and understands that. I think some of the things we struggle with here at our college are just for example managing the staff under their direct supervision. I don't know how our students would really even have the opportunity to be able to do that until they're out in the workplace. Managed to maintain the sustainability of the practice, those are things that we can talk about and have theoretical discussions about, but I guess just not sure to what extent they are expecting graduates to be able to do that I guess would be my

QUESTION: Yeah. What does that mean to say sustainability of the practice? Like what does that actually mean?

RESPONSE: And for managing other people it's something that you would expect a graduate would get to do in the next few years after graduating. So it would be prepare them to manage, or teach them how to, but not manage just when they finish school, but maybe within a few years of graduating.

RESPONSE: And depending upon provincial legislation, for example in Nova Scotia you're not allowed to be a pharmacy manager until you've been working for 2 years. So that could be something that years down the road, and really ultimately, probably most won't get that experience until years down the road. So anyway, just thoughts.

QUESTION: Those are comments that support this idea of rewriting so that the realities of what expectations are once you graduate are more present than the actual outcome. OK, those are great comments. And anyone else for manager before we move to advocate? OK, advocate?

RESPONSE: It's been interesting for me, as I said, I'm not a pharmacist, and how much I've come to appreciate the role of pharmacists as being advocates. I tend to think this is a pretty important outcome, it's very much higher order I think. I'm not sure again that our students can actually do these things, but I think they need to be exposed to them and learn the importance of them and be able to contribute to them. But I think overall for the whole document we need to look at the wording as in our saying our students are prepared to do this, rather than they can actually do it.

RESPONSE: I agree, when we were revising, or creating the program framework for our Pharm.D. program that I'm sure I echoed on you quite extensively when I was discussing that. We actually added leadership to this area. I don't think people, advocacy, the term always resonates with everybody. I think it almost maybe needs to be considered of what do we mean here? We certainly are advocating, but a lot of it is health promotion, public health, community, and population health. Some of it is just making the world a better place, some of it is citizenship, like there's just so many words that in some ways I'm not sure that advocacy speaks to people. And I would agree that a lot of these things, you don't just walk in and change the world, but I think it's awareness, it's exposure maybe more than an outcome to be able to do these things.

RESPONSE: We actually have courses in our curriculum that focus on that. They work in teams and they do projects with the promotion of health and populations or patients. And we build it as we have three or four courses that work specifically on that to prepare them for after.

QUESTION: Interesting. So have the AFPC outcomes been helpful in that? Or are you primarily used your competencies?

RESPONSE: Our competencies.

QUESTION: OK. So that's interesting because the outcomes are kind of, like we had mentioned earlier, the driver of what's taught, how it's assessed, how it's taught and all those things. So it sounds to me like with advocacy and manager we're getting less clear of a picture of how to address these outcomes the way they are worded. Less so for patient care provider, maybe with a little bit of the same issue for communicator, but really in advocacy and manager there is this OK, well maybe not manager actually, primarily advocate where how do we enact these outcomes given the way they're worded is kind of a question mark. Does that sound like I'm paraphrasing what you guys are saying?

RESPONSE: I think so.

QUESTION: OK, so scholar. This is where you get to tag any content taught in your curriculum with a scholar foundational knowledge outcome. Any issues with it, or concerns about gaps and redundancies?

RESPONSE: I think that the 6.4, apply to principles of scientific inquiry and critical thinking while participating in practice based research is probably a little high, but I kind of like a lot of the other scholar. I have tend to found when we did our curriculum mapping that in some of our courses this is where a lot of the course objectives were matched to. And care provider of course.

QUESTION: OK, sounds like people are in agreement with that,

RESPONSE: Yeah.

QUESTION: or have nothing else to add? Yeah, OK, great. Professionalism? So this is again issues using these outcomes in planning and assessing, as well as just gaps and redundancy.

RESPONSE: I mean, we can't say that they aren't important when we look at them. Practicing in ethical manner, respecting patients, I struggle with the whole concept of lifelong learning, but that's just my personal bias. And again, some of them are more affective, you know displaying a sense of pride and commitment to the profession. To use Granny Clampett's language, some of them are a bit high falutin'.

RESPONSE: The professionalism is one of the major competencies that we evaluate throughout our program. And again, this is something that goes into all the different other roles that we mention. And so for us it's more translational and we evaluate it in every different role. But it's important though.

QUESTION: For sure, it sounds like everyone agrees with that, right.

RESPONSE: I would agree, I think it's really important, and I think now, and for a while, we've been in an arena of social media and technology is advancing fast and there's just so many ways to communicate and be front and center, and I think this is really important, it's important our students know from the moment they're in the program, from that moment on they are professional. And so I think it does underlie a lot of the other things, but I still think it's really important to have on its own.

RESPONSE: I would agree. I think that there could definitely be, a lot of the statements could be reworked. I know when we revised our own framework we revised a number of them. I'm just looking at that document, there's a lot of changes on it. I'm not personally a fan of the term lifelong learning, but the concept of continual development as a professional is an absolute must, and I would say that overall these sort of higher level, the outcomes like at the level of 7.1, 7.2, etcetera, if these things aren't there, an individual just could simply not be ready to leave the program. So I think they're critical, but I think that they could be definitely polished up a bit.

QUESTION: OK, great. So it sounds like we need to get a hold of your competencies [redacted], do you mind sharing those so we can see some of the ways you've dealt with

advocacy and some of these other concepts that are in this document? But I will have to work on the translation of

RESPONSE: I'll see what I can do.

QUESTION: That'd be great. OK well you know what, today even though we had a rocky start, probably a rocky half of this, I think it ended up being really eye opening and there's been a lot of information generated, you guys engaged so well. I really appreciate it. If there's any final comments anyone would like to make about how they used the AFPC outcomes in program planning or evaluation or just concerns about the document as we go forward with a revision, please feel free.

RESPONSE: I have a different sort of comment. A lot of work went into putting these outcomes together, and I would not want anyone to think that the comments we've made are denigrating them. It's only when one uses a document and tries to put it into practice that we are able to make revisions that are necessary, that are important, that have meaning for all of us. So I hope all these comments are taken in light of that, that after using these, we are learning about ways to revise and improve them.

RESPONSE: Well said [redacted], well said.

RESPONSE: Thanks.

QUESTION: Yeah, that's very important.

RESPONSE: Yes, it is, and I think a big message going forward to AFPC would be that this document is really central to the programs, and it is really important and taken very seriously, and it's appreciated I guess. And I think after it's really good timing to look at it again, there's been quite a lot of change in practice and you know change to adopting doctor pharmacy programs across the country. So I think it's a really important time to reflect on the message that the document is sending. And it's well worth the efforts.

RESPONSE: I agree.

QUESTION: Alright, great. Well again, I'll say thank you one more time, and then we'll close off. If there's any follow up you'll hear from either Harold (sp) or Jamie who's chairing the revision committee. I'm not sure that's the right name for it, but there'll also be a presentation of some of the themes that emerged from the two focus groups that were ran at AFPC meeting coming up here at the end of May. So look forward to that, and thank you again for your participation.

RESPONSE: Thanks Ken.

RESPONSE: Thank you.

RESPONSE: Thank you.

RESPONSE: Thanks.

1:48:19 RECORDING STOPPED