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Citation for published version (APA):

Wilbur, K. (2021). *No where / now here: context and competency expectations in workplace-based training*. [Doctoral Thesis, Maastricht University]. ProefschriftMaken.
<https://doi.org/10.26481/dis.20210705kw>

Document status and date:

Published: 01/01/2021

DOI:

[10.26481/dis.20210705kw](https://doi.org/10.26481/dis.20210705kw)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Valorisation



Valorisation

Pharmacy degree programs have a societal obligation to graduate competent professionals – pharmacists who are able to provide safe and effective care to individual patients and communities. The curriculum is therefore designed for learners to develop and demonstrate specific knowledge, skills, and attitudes (which together may be referred to as “competencies”). To do so, pharmacy education combines classroom instruction with practical training in actual patient care settings, like hospitals, clinics, or community pharmacies. Pharmacy students participate in patient care under the supervision of experienced pharmacists who guide their work, support learning, and judge their performance. The main objective of this research was to enhance understanding of how pharmacist supervisors and other team members in the hospital training workplace form impressions of pharmacy student performance and its impact on their competency development. Our key findings demonstrate how expectations of pharmacy student performance depart from the competencies described in the program curriculum, including exhibited traits and work product oriented to clinical service outputs. We conclude such disconnection between intended and enacted curriculum identified across diverse training contexts may be reconciled through intentional measures, but also merit renewed consideration of the competency standards themselves.

When pharmacy student training moves from classroom campus-based learning to actual patient care settings, pharmacy degree programs rely heavily on pharmacist supervisors to not only foster student integration of theory into practice, but to assess their readiness for independent practice. These results contribute to our evolving understanding of human judgements in the assessment of health professional students and the relationships between expectations and observation/interpretation. Our examination of these through the prism of clinical learning contexts (that is broadly speaking, where and with whom students are training) offers important insight about how pharmacists, other health professionals, and pharmacy students view team communication and collaboration for patient care. Pharmacist trainee shared-care skill development and assessment have implications for contemporary health care models which increasingly draw upon interprofessional member configurations to optimize patient outcomes.

The results of this dissertation are of relevance to broad stakeholder groups. First, workplace-based performance expectations are necessary for students to understand as they shift from learning and practice in controlled classroom settings to assuming the actual patient care responsibilities that accompany clinical training; readiness-for-practice judgements of students practically entail their demonstrating behaviours not always articulated in formal competency descriptions. Second, pharmacist supervisors seeking multisource feedback about pharmacy students joining their teams must appreciate the nature of the underlying performance expectations informing the judgements other team members express. Our findings suggest pharmacist supervisors embed structured opportunities within the busy care environment to promote pharmacy student engagement with other health professionals to optimize competency development for shared patient care. Third, performance expectations and associated competency judgements of pharmacy

students in workplace-based training are pertinent to program directors and committees responsible for student progress through the curriculum. In a “whole-systems” or programmatic approach to assessment, a holistic view of student performance requires data from various sources – including information from different personnel (people) across learning environments (places) over time. Recognizing contributors’ perspectives informs the construction of a representative student performance narrative. Finally, decision-makers setting national pharmacy program competency standards may be advised to integrate descriptions and develop clinical supervisory assessment supports reflecting the needs and conditions of student competency development in contemporary care contexts. Instead of simply stimulating ongoing pursuit of mechanisms to further enforce standardization of workplace-based assessment of the existing competencies, such re-examination may inspire shifts in chosen competencies and their organization.

Findings from these dissertation studies have been shared across broad health professional training, educational research, and healthcare delivery communities internationally. Diverse audiences have accessed our information and ideas thereby creating avenues for stakeholder group engagement for implementation of initiatives and future research. Specific opportunities exist at multiple levels, including locally where I have responsibilities overseeing the undergraduate pharmacy curriculum at one of the largest programs in Canada and as a leader within the academic and institutional networks of interprofessional education and pharmacy practice nationally. Through these conference proceedings, invited addresses, and publications, processes and policies are reconsidered, collaborations are activated, and research programs in pharmacy workplace-based learning energized.