Continuing Professional Development
CPD 101

CPD: A Reason to Learn;
CPD: A Way to Learn

Faculty Information
- Anna Legreid Dopp, PharmD
  Clinical Assistant Professor; Extension Services in Pharmacy, University of Wisconsin School of Pharmacy
- Jennifer R. Moulton, RPh
  COO, The Collaborative Education Institute (CEI)
  Iowa Pharmacy Association
- Michael J. Rouse, BPharm(Hons) MPS
  Assistant Executive Director, International & Professional Affairs, Accreditation Council for Pharmacy Education
- CoraLynn B. Trewet, MS, PharmD, BCPS
  Assistant Professor (Clinical); Director of Continuing Education, University of Iowa

Learning Objectives
- Define Continuing Professional Development (CPD)
- Describe the need to improve how pharmacists approach their continuing education and lifelong learning
- List and describe the components of CPD
- Apply knowledge to a personal CPD example
- Compare and contrast the traditional CE model with a CPD model

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Definition of Continuing Pharmacy Education (CE or CPE)
Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Accreditation Council for Pharmacy Education, 2007
Definitions of CPD

The lifelong process of active participation in learning activities that assists in developing and maintaining continuing competence, enhancing professional practice, and supporting achievement of career goals

ACPE Accreditation Standards for Continuing Pharmacy Education
Adopted June 2007

Definitions of CPD (cont’d)

Self-directed, ongoing, systematic and outcomes-focused approach to learning and professional development

Adopted by CPD Pilots May 2006

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History of CE and CPD in the United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1965</td>
<td>State-mandated CE in Florida</td>
</tr>
<tr>
<td>1972</td>
<td>Accreditation Council for Pharmacy Education to accredit CE</td>
</tr>
<tr>
<td>1974</td>
<td>National Association of Boards of Pharmacy CE for re-licensure*</td>
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<tr>
<td>2003-2005</td>
<td>Policies calling for CPD from professional groups</td>
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<tr>
<td>2006</td>
<td>State-based CPD pilots</td>
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<tr>
<td>2009</td>
<td>ACPE new CE standards</td>
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*1972-74 American Pharmaceutical Association-American Association of Colleges of Pharmacy Task Force on Continuing Competence in Pharmacy: CE best mechanism for assuring pharmacist proficiency

Traditional CE Model

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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</thead>
<tbody>
<tr>
<td>• Structured</td>
<td>• May become an accumulation of credits</td>
</tr>
<tr>
<td>• Easy to measure</td>
<td>• Quantity versus Quality</td>
</tr>
<tr>
<td>• Defined endpoint</td>
<td>• No requirement to link to practice</td>
</tr>
<tr>
<td>• Sense of completion</td>
<td>• Difficult to customize to individual needs</td>
</tr>
<tr>
<td>• Driven by experts</td>
<td>• Outcomes of learning poorly defined and assessed</td>
</tr>
<tr>
<td>• Convenient</td>
<td></td>
</tr>
<tr>
<td>• Teaching methodology is more consistent with the way many pharmacists learned in pharmacy school</td>
<td></td>
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<tr>
<td>• Current model</td>
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Pharmacists’ Attitudes toward Traditional CE

Literature (US and other) would suggest that most practitioners acknowledge the need to maintain competence and, generally, are not unhappy with existing (traditional CE) systems:

• Like its convenience and “structure”
• Accept it because it is driven by “experts”
• Generally mirrors the way they learned in pharmacy school
• Appreciate clearly defined requirements; know when the formal requirements have been met; sense of satisfaction on “completion” (vs. new knowledge or skills acquired)
• Peer-to-peer networking and interaction very important
Pharmacists’ Attitudes toward Traditional CE (cont’d)

The true value of CE to practice can be questioned:
- Relevance to daily practice
- Impact on changing practice (+ need to change)
- Limited academic value due to absence of systematic follow-up and implementation of learning in the workplace
- Opportunities for application of new learning, and thus reinforcement of new knowledge, are constrained

EXERCISE #1
Reflect: Learning Style Assessment

Please follow along and document your responses on the worksheet provided for the following exercises
- What was the last memorable CE activity you attended? Why was it so valuable?
- What type of educational methods do you typically enjoy or learn the most from?
- Describe your ideal educational activity
- How do you keep up with the professional literature?

3 – 5 minutes

Traditional CE

“...you go, you sit, you listen,...you forget”

Pharmacist’s quote from article by Austin et al; AJPE 2005; 69 (1) Article 4

EXERCISE #2
Reflect: Application of Learning

What was the most recent CE activity you attended?
- Name 3 things you learned
- Name 1 thing you did as a result of what you learned

1 – 2 minutes

Exercise Retention Research*

- Learners remember...
  - 10 % of what they read
  - 20 % of what they hear
  - 30 % of what they see
  - 50 % of what they see and hear
  - 80 % of what they say
  - 90 % of what they do

*National Safety Council

Conclusions from the Literature

- CE can be effective in both learning and practice change, but...
- More successful (learning, practice change) if:
  - In an area of interest or preference
  - Related to daily practice
  - Programs selected in response to identified need
  - Interactive, hands-on
  - Use more than one intervention; continuing not opportunistic
  - Self-directed (content and context)
  - Focus on specific outcomes/objectives
  - Include a “Commitment to Change”
  - C
  - P
  - D
A Call for Change: World Health Organization

- Endorses the concept of CPD
- Changing global health demographics (due to chronic health problems)
- Need for evidence-based educational methods; better research
- Education of healthcare professionals was the primary focus of the World Health Report in 2006

A Call for Change: Institute of Medicine

- Knowledge and skills of health care professionals (HCPs) not optimally used
- HCPs not adequately prepared or supported in practice
- Education and training in need of overhaul
- Recommended that boards move toward requiring licensed professionals to demonstrate ability to deliver patient care; measures of competence and outcomes that are evidence based

IOM Report 2009: Redesigning Continuing Education in the Health Professions*

- Absence of comprehensive and well-integrated system of CE is an important contributing factor to knowledge and performance deficiencies
- The science underpinning CE for health professionals is fragmented and underdeveloped
- CE efforts should bring health professionals from various disciplines together in carefully tailored learning environments
- A new comprehensive vision of professional development is needed; CPD provides a promising approach to improve the quality of learning
- Establishing a national interprofessional CPD institute is a promising way to foster improvements

* www.iom.edu/continuinged

A Call for Change: 2000 ACCP White Paper

American College of Clinical Pharmacy:

- A Vision of Pharmacy’s Future Roles, Responsibilities and Manpower Needs in the US:
  - Are knowledge and skills lacking that can’t be met by current CE system?

A Call for Change: Council on Credentialing in Pharmacy

April 2004: Council on Credentialing in Pharmacy (CCP) Resource Document on Continuing Professional Development in Pharmacy*

- Ensure that pharmacists maintain (at an appropriate level) their knowledge, skills and competence to practice throughout their careers in their own specific (or current) area of practice
- Improve the pharmacist’s personal performance
  - Knowledge, skills, attitudes, and values
- Enhance the pharmacist’s career progression

* http://www.pharmacycredentialing.org/ccp/Files/cpdprimer.pdf

A Call for Change: Pharmacy Policies & Statements

- JCPP (2003) – Joint Commission of Pharmacy Practitioners
- NABP (2003) – National Association of Boards of Pharmacy
- AACP (2003) – American Association of Colleges of Pharmacy
- ACPE (2003, 2006) – Accreditation Council for Pharmacy Education
- ASHP (2004, 2009) – American Society of Health System Pharmacists
- APhA (2005) – American Pharmacists Association
Examples of Existing CPD Models/Initiatives

Other Healthcare Professions
- Dieticians
  - See Commission on Dietetic Registration
    http://www.cdrnet.org/pdrcenter/index.htm
- Nursing
- Medicine
  - The American Medical Association now advocates the use of the term “Continuing Professional Development” to replace “Continuing Medical Education”

Examples of Existing CPD Models/Initiatives

Pharmacy in Other Countries
- Ontario College of Pharmacists, Canada
- Royal Pharmaceutical Society of Great Britain
- Alberta, Canada (RxCEL)
- Pharmacy Council and Pharmaceutical Society of New Zealand (Enhance)

Examples of Existing CPD Models/Initiatives

Pharmacy in the United States
- CPD pilots in five states (2006-07)
  - Indiana, Iowa, North Carolina, Washington, Wisconsin
- North Carolina Board of Pharmacy
  - Portfolio-based CPD accepted as an alternative to mandatory CE
- Kaiser Permanente Colorado
  - CPD pilot for volunteer pharmacists
- American Pharmacists Association (APhA)
  - The Pharmacist’s Continuing Education Resource
    www.pharmacist.com/education

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Continuing Professional Development Cycle

In my “CPD Portfolio” I document important aspects of my continuing professional development; it is a valuable reference that supports my reflection and learning.
Descriptions of Reflection

- "Complex and deliberate process of thinking about and interpreting an experience in order to learn from it"
- "Reflection is the practice of periodically stepping back to ponder and express the meaning to self and to others in one’s immediate environment of what has, will, or is happening"

Joseph A. Raelin, Asa Knowles Chair, Northeastern University; used with permission

Reflection

- Reflect on
  - Yourself as a person
  - Yourself as a professional
  - Your professional practice
  - Your knowledge, skills, attitudes and values
  - Your learning preferences
- Identify learning needs and opportunities
  - Must address several competency areas
  - Frame broad learning objectives

Opportunities for Reflection

- Scheduled
  - Proactive - reflection on practice
  - Examples: annual performance evaluation; career change
- Unscheduled
  - Reactive - reflection in practice
  - Example: a situation that occurred
- Peers and/or supervisor can provide valuable feedback to assist with reflection

Considerations in reflection

- What do I see?
- What would I like to see?
- Is there anything wrong/out-of-place?
- What can I do about it?
- What am I going to do about it?
- When I did something about it, did it have the desired effect? If not, why not; can I try something different?

Reflect

- "Reflection is critical to the learning cycle. It provides the link between simply knowing something and having the ability to use the knowledge in practice. It is important to know what you have learned in order to make this whole process a success."
- "The ability to reflect on learning experiences and incorporate the new knowledge into your practice is what makes the learning meaningful."

Reflect: Self-Assessment

Reflect: Self-Assessment

Needs assessment is a process of comparing where we are with where we need [or want] to be and using the results of that comparison as a tool for program planning.

Jolly 2007; adapted

Reflect – some key points

- It’s “self-assessment” ... not “self-assassination”
- The purpose is primarily to identify learning needs and opportunities, not to assess level of competence

EXERCISE #3
Reflect: Competency Assessment

Reflected on knowledge / skills
- What knowledge and skills do you want or believe you need to improve your current pharmacy practice?

2 – 3 minutes

EXERCISE #4
Reflect: Practice Assessment

- What common disease states or medical problems do your patients present with?
- What drug information questions do you regularly receive from patients or physicians?
- Break-down your day by percentage of time spent on activities, such as, direct patient care, dispensing, management, program development, marketing, other.

Continue to next slide ...

EXERCISE #4 Cont.
Reflect: Practice Assessment

- What professional services do you currently provide at your pharmacy practice?
- What professional services do you want to provide?

5 minutes

EXERCISE #5
Reflect: Consider potential learning needs

End result of this stage:
- Identify and list two or three potential learning needs or opportunities for your pharmacy practice

5 minutes
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Plan
- Develop an action plan or personal learning plan (PLP) to accomplish your learning needs identified during the reflection stage
- Develop individual learning objectives
- Identify and set priorities
- Develop a timeline with your action plan
  - Long-term: three to five year plan
  - Short-term: one year plan

Plan (cont’d)
- Identify activities to help you meet your learning objectives
- Identify resources needed to accomplish your learning objectives
- Review at least annually

Developing SMART Learning Objectives
- Specific
  - Be precise about desired outcomes
- Measurable
  - Quantify objectives
- Achievable
  - Ensure realistic expectations
- Relevant
  - Align with practice and/or organizational goals
- Timed
  - State when objective will be achieved

Examples of learning objectives
- SMART: By the end of December of this year, I will be able to explain the therapeutic differences between the three major statin drugs taken by my patients
- Vague: I want to learn more about statin drugs

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EXERCISE #6
Plan: Writing a SMART learning objective

- Select one of the needs identified in the Reflection Exercise #5
- Write a SMART learning objective that describes what you plan to learn
- Identify resources you would need to achieve this

3 - 5 minutes

Act

- Implementation of personal learning plan
- Activities chosen should be outcomes-driven to meet stated learning objectives
- Use a variety of learning methodologies and activities

Evaluate

- Reflection on your learning versus "satisfaction" with educational programs
- Evaluation should occur at multiple stages and levels:
  - Individual learning activities or objectives
  - Overall learning plan
  - Impact of learning

In my "CPD Portfolio" I document important aspects of my continuing professional development; it is a valuable reference that supports my reflection and learning.
**Evaluate individual activities**

For individual learning activities and objectives, consider the following:
- Evaluate the educational activities to ensure adequate content and learning.
- For completed activities, how well were your objectives met: completely, partially, or not at all?
- Progress toward achieving your uncompleted objectives.

**Evaluate the overall plan**

Review your personal learning plan at least annually; consider the following:
- Appropriateness and effectiveness of the plan.
- Progress toward achieving my overall learning needs and professional goals.
- Correlation of activities undertaken to the plan; appropriateness of methods of learning.
- How well am I following the plan and timeline; was it realistic?
- Changes that have occurred professionally or in other circumstances that may necessitate adjustments or changes in priority.
- Challenges or barriers encountered.
- What might I do differently in the future?

**Evaluate the impact of learning**

- This can be challenging!
- Start with something that’s easy to measure or observe, such as:
  - A new or expanded professional or technical service.
  - A change in policy, procedure or protocol.
  - Increased frequency of “best practices”.
  - Positive patient interactions, based on new/enhanced knowledge, skill, attitude or value.
- Document the outcomes!

**Evaluate**

 Leads to reflection, completing the continuum.
- New plans are designed based on updated learning and development needs and goals.

**EXERCISE #7: Evaluate**

Based on the learning objective developed and the resources identified in Exercise #6, how would you evaluate:
- the extent to which you achieved the objective.
- the impact of your learning.
- what you might want or need to do next.

3 - 4 minutes.

**Continuing Professional Development Cycle**

In my “CPD Portfolio” I document important aspects of my continuing professional development; it is a valuable reference that supports my reflection and learning.
Record & Review (Portfolio)

- Documentation is integral to each component of the learning cycle
- Serves as a record for all your CPD-related activities
- Is a tool to facilitate achievement of your learning objectives and personal learning plan

CPD Portfolio

Needs to be:
- Personal
- User-friendly
  - Easily maintained
  - Readily accessible
- Dynamic
- Comprehensive, yet simple
- Electronic or paper-based
- Standardized (if subject to third-party review)

North Carolina CPD Learning Portfolio

RxPortfolios

http://www.rxportfolios.com/

Kaiser Permanente Colorado: CPD Study Portfolio

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The Challenge of Life-Long Learning

Diverse “learners”
- Different educational backgrounds (credentials, how they were taught and learned)
- Different practice settings, professional experience, and responsibilities
- Different competency-based learning needs and objectives
- Different learning styles

What’s the Connection?

Traditional CE versus CPD

CPD: Bridging the Classroom and the Point-of-Care

Continuing Professional Development Cycle

Adapted from Terri Schindel, BSP, MCE, FCSHP: University of Alberta, Alberta, Canada
CPD Pilots: From theory to reality

- **Primary Goal**
  - Develop and evaluate a CPD process that may be appropriate for pharmacists in the US

- **Secondary Goal**
  - Obtain valid data about the effectiveness (or otherwise) of CPD as a learning model
  - Measure differences in the learning habits and outcomes of pharmacists

CPD Pilot - Experiences

- Enjoy the freedom to learn what you want and need to learn!
- Appreciated opportunity to learn about their personal learning styles and match learning opportunities to get the most from their education investment
- Led to self-discovery of personal/professional goals through development of a learning plan
- Start small but start somewhere...

**Bibliography**

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