PHARMACY EXAMINING BOARD OF CANADA

Objective Structured Clinical and Performance Examinations (OSCE and OSPE) for Licensure The Canadian Experience

NABP/AACP DISTRICT V MEETING SASKATOON

THE PHARMACY EXAMINING BOARD OF CANADA

- national certification body for the pharmacy profession
- non-profit, self-supporting organization
- established by a Special Act of Parliament
  - –December 21, 1963

PURPOSE OF PEBC

Purpose:

- to assess candidates and certify that new pharmacist and pharmacy technician registrants have the necessary knowledge, skills and abilities to practise at an entry-level
- to award certificates of qualification

Responsibility:

- to ensure achievement of a minimal level of competence to practise at an entry-level

PEBC BOARD

- **One appointee from:**
  - – each provincial licensing body (10)
  - – Canadian Society of Hospital Pharmacists (CSHP)
  - – Canadian Pharmacists Association (CPhA)
  - – Canadian Association of Pharmacy Technicians (CAPT)
- **Two appointees from:**
  - – Association of Faculties of Pharmacy of Canada (AFPC)
  - – Canadian Pharmacy Technician Educators Association (CPTEA)

PEBC PHARMACIST EXAMINATIONS

- **Evaluating Examination for International Graduates**
  - – graduates from non-accredited CCAPP/ACPE programs
  - – multiple choice exam
- **Qualifying Examination**
  - – Part I (Multiple Choice)
  - – Part II (OSCE) (implemented in 2001)

  OSCE : Objective Structured Clinical Examination

PHARMACIST QUALIFYING EXAMINATION (QE)

Purpose:

- assess entry-level competence in the practice of pharmacy
- designed to assess competencies required for safe and effective practice
- examines ability of candidates to apply their knowledge, skills and abilities to solve practice-based problems and meet patients' needs

PEBC PHARMACIST EXAMINATIONS

Numbers of Candidates Taking PEBC Examinations in 2010:

Evaluating Examination:		1549
Qualifying Examination	Part I	Part II
	2442	2017
Canadian Graduates	832	819
US Graduates	105	100
IPGs	1505	1098

WHY DID PEBC DEVELOP AN OSCE?

- PEBC'S role is to assess competence for entry-to practice which includes the provision of pharmaceutical care
- effective pharmaceutical care requires strong patient and inter-professional communication and problem solving-skills
- unable to assess certain practice skills, such as communication, through traditional testing methods

WHY DID PEBC DEVELOP AN OSCE?

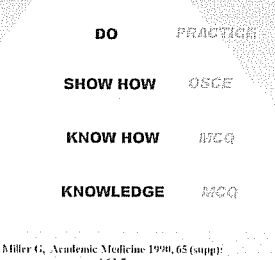
- PRAs had identified weaknesses in language proficiency, communication and problem-solving skills among a number of pharmacists seeking to become licensed
- CPBC and ACP were administering a performance or practical examination, in addition to PEBC MCQ Examination
- In 1995, PEBC established a Task Force on Practice-Based Examinations

COMPETENCE ASSESSMENT

Professional Competence:

- knowledge
- skills and abilities
- appropriate professional values and attitudes

Hierarchy of Clinical Skills



Miller G, Academic Medicine 1990, 65 (supp): S63-7

MULTIPLE CHOICE QUESTIONS

- efficient, cost effective and reliable
- evaluate knowledge and its application
- sample wide domain of knowledge
- less appropriate to evaluate clinical skills:
  - blend of clinical knowledge, communication/interpersonal and problem-solving skills

PERFORMANCE-BASED ASSESSMENTS

" A performance of assessment consists of one or more tasks, a specification of the conditions governing the performance of the tasks, and a method of scoring the result."

Dr. Janice Scheuneman, "Development of Performance Assessments for Use in Professional Certification and Licensing", CLEAR Exam Review, Summer 1995, p 20

PERFORMANCE-BASED ASSESSMENTS

Advantages

- evaluation of how well individuals perform roles and functions (tasks) - show how
  - – versus demonstrate what they know or know how
- provide a unique vehicle for measurement of clinical skills:
  - – permit better assessment of complex thinking, problem-solving, and communication skills
- tasks presented are more representative of those faced in a real (work-related) clinical situation
- OSCE provides an effective, valid and reliable tool to a assess practice skills in health professions

PROCCESS TOWARDS OSCE DEVELOPMENT?

- PEBC Task Force recommended that practice skills be tested through an OSCE
- NAPRA supported the PEBC development of the OSCE as part of the Qualifying Examination
- in 1997 NAPRA developed the *"Professional Competencies for Canadian Pharmacists at Entry-to-Practice"*
- competencies included skills and abilities to provide pharmaceutical care such as effective communication, patient interviewing, patient education

OSCE DEVELOPMENT

1996-1998

- PEBC developed, pretested, piloted and researched an OSCE in conjunction with College of Pharmacists of British Columbia for both entry-to-practice and continuing competence purposes

STEPS TO OCSE DEVELOPMENT

- Developed blueprint specifications
- Determined test format
- Developed pilot research plan
- Developed and reviewed stations
- Developed scoring protocol
- Pre-tested and revised stations

STEPS TO OCSE DEVELOPMENT

- Constructed test form
- Piloted test
- Determined pass-fail standard: competency standard setting
- Analyzed results and conducted quality assurance
- Reported results

OSCE PILOT AND RESEARCH CONCLUSIONS

- OSCE pilot completed in June 1998
- conducted extensive research on the piloted OSCE

Research Conclusions:

- OSCE instrument developed is reliable, valid and defensible
- assessment of competence through the OSCE and MCQ complement one another but do not replace one another
  - assess different aspects of competence for entry-to- practice
- together the MCQ and OSCE provide a broad assessment of competency, to ensure that entry-level pharmacists meet standards of practice for protection of the public

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

Objective:

- clearly defined competencies/behaviours or preset endpoints

Structured:

- problems presented and conditions are equivalent for all candidates

Clinical:

- problems/activities - encountered regularly in practice
- realistic - close to practice

WHAT IS AN OSCE?

- first developed and used in medicine
- series of stations through which all examinees rotate
- examinees are required to perform specific tasks essential to professional practice
  - approximately 8-20 stations for reliable assessment for certification
  - 2-4 hrs testing time

OSCEs WHEN AND HOW USED

- **Formative Assessments**
  - assess knowledge and skills that are being acquired as proceeding to learning outcomes
  - extensive use in health care education - learning and feedback tool
  - standardized patients provide feedback to students

OSCEs WHEN AND HOW USED

- **Summative Assessments**
  - assess attainment of overall knowledge and skills represented by outcome goals or competencies
  - extensive use in health care education/licensure
  - examinations combined with other assessments in certification and licensure processes
- cost and resources limit use of OSCE

USE OF OSCEs IN CERTIFICATION/LICENSURE

<u>Canada:</u>

- medicine
- physiotherapy
- chiropractic medicine
- optometry
- pharmacy
- massage therapy
- nurse practitioners
- dentistry
- others

<u>US</u>

- medicine – ECFMG and NBME: USMLE OSCE implemented in 2005
- chiropractors
- others

<u>New Zealand</u>

- pharmacy

USE OF OSCE IN PHARMACY REGULATION

Licensure:

- used for entry-to-practice, re-entry purposes and competency issues of an individual pharmacist

Continuing Competence

- Pharmacy:
  - Ontario College of Pharmacists - QA Peer Review Program
  - College of Pharmacists of British Columbia – Option in Professional Development and Assessment Program

USE OF OSCEs IN PHARMACY EDUCATION

- OSCEs used increasingly in undergraduate curriculums in Canada, US and Internationally
- used for formative and/or summative assessments
- numerous publications in AJPE

PEBC OSCE

- series of stations through which all examinees rotate
- examinees perform specific tasks essential to professional practice
- trained actors (e.g., standardized patients) simulate patients with specific drug-related problems - portray situations consistently
- behaviours are observed and assessed

QE EXAMINATION STRUCTURE

Part I - written exam - multiple choice (MCQ)

- tests understanding and application of knowledge
- tests ability to make judgments in situations relevant to practice

Part II - performance assessment -*Objective, Structured, Clinical Exam* (OSCE)

- tests ability to communicate
- tests ability to perform professional functions
- tests ability to problem-solve and make judgments
- consists of 7-minute 'stations' based on common/critical practice situations

PART II (OSCE)- Station Types

Interactive

- standardized patient/client/health professional
- trained examiner
- standardized assessment criteria
- communication and clinical skills

Non-interactive

- respond in writing
- marked using standardized criteria
- e.g., drug information request, checking prescriptions

PHM QE FREQUENCY AND FEES

Held Twice Yearly: Spring – May Fall - Nov

- Parts may be taken separately or together
- 13 locations in May, 8 in November
- multiple tracks in most locations: AM and PM session: 40 candidates per track
- Spring 2011 Qualifying Examination Fee

Part I	$ 400
Part II	$1,520
Total Parts I and II	$1,920

EXAMINATION BLUEPRINT

Professional Competencies for Canadian Pharmacists at Entry to Practice (NAPRA 2007)

1. Patient care
2. Professional collaboration and teamwork
3. Ethical, legal and professional responsibilities
4. Drug, therapeutic and practice information
5. Communication and education
6. Drug distribution
7. Understanding management principles

PEBC BLUEPRINT

COMPETENCIES	MCQ %	OSCE %
1. Patient care	50.5%	26%
2. Professional collaboration and teamwork	4.5%	9.5%
3. Ethical, legal and professional responsibilities	10%	9.5%
4. Drug, therapeutic and practice information	7%	5%
5. Communication and education	**2.5%**	**38%**
6. Drug distribution	22.5%	9.5%
7. Understanding management principles	3%	2.5%

COMPETENCY STATEMENTS

- encompass activities and functions of the pharmacist which serve/protect public
- tested through questions/scenarios that relate to these competencies
- each part includes a specific number of questions or stations related to each competency

QE-PART II (OSCE) FORMAT

- 3 hour sitting (morning and afternoon sessions)
  + 2 to 2.5 hours for pre- and post-exam processes
- **16 OSCE stations** + **4 rest stations**
  15 stations determine score
  + 1 pretest station
  – 12-13 stations are "interactive" involving standardized patients, clients, health professionals
  – 3-4 stations are "quiet" (drug information, written note, checking prescriptions)
- scored portion of exam identical in all forms
- pretest station varies

Sample Videos

SCORING OF STATIONS

- Station-specific checklist - response record
  – Critical items (key features)
  – Non-critical items
  – Risk, Misinformation
- **Holistic scale ratings** - used for scoring
  – Communication (generic)
  – Outcome (station specific)
  – Overall performance (global)
- Comments recorded (to support low ratings)
- Research has supported the use of holistic rating scales in comparison to checklist scores

SCORING OF STATIONS

- Scored with **3 holistic scales**, 4 anchors each:
  Unacceptable → Marginally Unacceptable →
  → Marginally Acceptable→ Acceptable
  - **Communication** – same scale for all interactive stations
  - **Outcome** – global scale guided by case-specific critical checklist items (required to solve the station case)
  - **Performance** – global scale reflecting
    - Communication
    - Outcome
    - Accuracy of information (misinformation)
    - Risk to patient (if not performed adequately)

PASS/FAIL STANDARD
STANDARD SETTING

- minimum passing standard set on global scores for each exam
- panel of pharmacist practitioners from across Canada (10-12 panelists)
- use a criterion-referenced, competence standard setting procedure
- describe typical behaviours of a borderline qualified candidate in relation to tasks/competencies
- estimate the minimum score that a borderline qualified candidate would achieve on each station

PASS/FAIL STANDARD

Determination of cut score (passing score)

- minimum scores for each station are averaged
- passing score is the sum of the panelists average scores for all stations
- passing depends on meeting the minimum competence standard set for safe practice

  Note: research has demonstrated that a competence standard setting methodology using holistic rating scales yields reliable and dependable pass/fail results

PEBC QE EXAM RESULTS
FIRST TIME TAKES PASS RATES

	MCQ	OSCE
Canadian Graduates:	>90%	> 90%
International Graduates	30-50%	30-50%

PEBC OSCE RESEARCH

- conducted extensive research during the pilot

Ongoing research:

- inter-rater reliability among assessors among and between sites
- scoring of communication to improve reliability of assessments
- research to improve consistency of standardized patient case presentations and training
- impact of scoring method and examiner type on Pass-Fail decisions in the OSCE

Entry-to-Practice Examination for Pharmacy Technicians

Pharmacy Technician Qualifying Examination for Entry-to-Practice

- developed and piloted in August 2009 and March 2010 a national entry-to-practice Pharmacy Technician (PT) Qualifying Examination
- conducted research to ensure that the exam was valid, reliable and defensible under the guidance of a National Steering Committee
- exam consists of two parts:
  - written multiple choice question exam (MCQ)
  - performance-based exam
    Objective Structured Performance Examination (OSPE)

Examination Blueprint

- **Based on NAPRA's Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice**
- 9 competencies:
  1. Legal, Ethical, & Professional Responsibilities
  2. Professional Collaboration & Team Work
  3. **Drug Distribution: Prescription and Patient Information**
  4. **Drug Distribution: Product Preparation**
  5. **Drug Distribution: Product Release**
  6. Drug Distribution: System & Inventory Controls
  7. Communication & Education
  8. Management Knowledge & Skills
  9. Quality Assurance

What is an OSPE?

- Series of **stations** through which all candidates rotate
  - candidates perform professional tasks
  - performance is evaluated
- **Interactions** with standardized clients (patients, care givers, health care professionals), e.g.
  - interview to gather information (for new patient record, take medication history, etc.)
  - teach patient or parent to use a device
  - gather information, respond to questions and refer prn
- **Non-interactive tasks**
  - sterile compounding (video)
  - non-sterile compounding
  - prescription or product checking

QE-PART II (OSPE) FORMAT

- 3-hour sitting (AM or PM) + 2 - 2.5 hrs pre- and post-exam processes
- 9 scored stations
  - 4 "interactive" stations - involving "standardized clients" (patients, care-givers, health professionals)
  - 5 "non-interactive" stations
- 2-3 "pretest" stations
- 9 scored stations identical; pretest station varies

CONCLUSIONS

- The OSCE/OSPE allows PEBC to more effectively assess skills and abilities to provide safe and effective patient care for assessment of entry to practice competence
- The OSCE/OSCE combined with an MCQ examination provides a broad assessment of competence, to ensure that entry-level pharmacists and pharmacy technicians meet the standards of pharmacy practice

Part II (OSCE) - Scoring

In Part II the station scores are based on three global ratings, each of which is on a scale of 1 to 4:

- Communications
- Outcome
- Overall Performance

The interactive stations include all three ratings; non-interactive stations include only *Outcome* and *Performance* ratings. Assessors are trained to follow standardized criteria specific to the station task in providing these ratings.

Communications ratings for all interactive stations are based on standard criteria, including:

- attending to client's needs and feelings (includes rapport, respect, empathy, listening)
- using a focused, organized approach that is flexible and attuned to the individual client
- effectively using non-verbal communication
- using appropriate language and verbal expression

Outcome ratings are station-specific, but follow standard guidelines, including:

- adequacy of information gathered or adequacy of counseling
- identification of a drug therapy problem and/or patient's needs
- safety and effectiveness of recommended therapy or other intervention degree of misinformation provided and/or degree of risk to patient

Overall ***Performance*** ratings (used for all stations) are based on standard criteria, including:

- the effectiveness with which the problem is solved or task performed effectively
- the acceptability of communications
- the clarity and accuracy of documentation, when required
- the accuracy and thoroughness of information provided by the candidate and the likely outcome for the patient
- whether or not the performance would result in any risk to the patient
- the quality of overall performance

Selected References in Performance Assessments

Developed by John Pugsley, Registrar-Treasurer and Carol O'Byrne, Associate Registrar
Pharmacy Examining Board of Canada

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Sample Stations - Part II (OSCE)

Qualifying Examination - Part II (OSCE)

SAMPLE STATION #1

Interactive Station (with a Standardized Patient) – involving prescription medication

TITLE **Cancer Pain Control**

OBJECTIVE To assess the pharmacist's ability to communicate with and educate an elderly patient regarding a prescription for pain control, recognizing and addressing the patient's concerns.

COMPETENCIES TESTED

Competency 1 **Patient Care**

Elements 1.1 Develop a trusting professional relationship with the patient.
1.2 Gather patient information.
1.5 Identify and prioritize actual and potential drug therapy problems.
1.7 Support the implementation of a therapeutic plan.
1.8 Monitor the patient's progress and assess therapeutic outcomes.

Competency 5 **Communication and Education**

Elements 5.1 Demonstrate effective communication skills.
5.2 Demonstrate sensitivity, respect and empathy when communicating with diverse groups or individuals.

CANDIDATE'S INSTRUCTIONS

A cancer patient who has been using morphine sustained release tablets is experiencing increasing levels of pain. He is now being started on morphine oral solution and has some questions and concerns about using it. Please assist him as you would in practice.

Time Frame: You have 7 minutes to complete this station.

SCENARIO DESCRIPTION

Client: Standardized patient - Ted Wheaton - male, ambulatory, approximately 70 years old.

Patient Background, Behaviour, Affect and/or Mannerisms:
Mr. Wheaton has recently had episodes of pain between doses of his long-acting morphine pills and he is hesitant to use his new prescription for morphine oral solution. When he started the morphine pills he was quite groggy at times and constipated, also. He is afraid of taking too much morphine. When he goes in to see the pharmacist (candidate) to ask for more information, he is in obvious discomfort and appears anxious.

Patient's Opening statement:

Hello, I just got this new prescription for morphine liquid yesterday. I am uncertain about how to use it along with my morphine pills, and what it will do to me if I take both of them. Would you explain how to take it and what I should know about it?

Patient Record (Profile) Information:

Patient Name:	Ted Wheaton
Gender:	M
Age:	70
Allergies:	None
Medical History:	Prostate cancer, diagnosed 3 years ago
Medications:	Sustained release morphine sulfate tablets (MS Contin) 30 mg q 12 h (prescribed 2 months ago) Morphine oral solution 5 mg q 4-6 h prn pain (new prescription)

Other information (to be given by Standardized Patient on request):

Social / lifestyle:
- non-smoker
- moderate alcohol intake - a beer or glass of wine once or twice a week
- lives alone in an assisted-living complex, with family support

Symptoms:
- over the past two weeks Mr. Wheaton has pain between doses of MS Contin
- pain often limits his ability to take his evening walks
- pain starts before the evening dose and the evening dose doesn't seem to work as well
- he has trouble sleeping because of the pain

Other:
- has never used morphine oral solution (or any liquid medication)
- takes MS Contin 30 mg each morning and evening, and Tylenol Extra Strength in between if needed
- Tylenol no longer alleviates the pain between morphine doses
- he cannot remember if the doctor said anything about taking or not taking the Tylenol
- has occasional constipation, but not as much as when he first started taking morphine tablets
- he does not take any other medications and doesn't like to take more than necessary

STANDARDIZED PATIENT INSTRUCTIONS

If not told by the candidate, the standardized patient **must** ask:

How much liquid morphine can I take if I am having trouble getting to sleep?
Should I stop using the morphine pills and just take the liquid regularly?
What will it do? Will it make me groggy (like the morphine pills did)?

ASSESSOR INFORMATION (to guide scoring of candidate's performance)

Problem solved if patient advised as follows:

- to continue to take morphine tablets regularly (as well as liquid morphine prn)
- to stop taking Tylenol and use liquid morphine instead
- clear dosing information is given - to take 5 mL when needed, up to every 4 hours
- that the liquid is for breakthrough pain and tablets are to maintain pain control
- that it is safe to take both and / or that he may experience more drowsiness
- to contact or see his doctor if pain continues or if morphine liquid is needed regularly (may need adjustment of tablet/regular dosing)

Solved marginally if:

- patient is advised to continue taking morphine tablets regularly as well as liquid morphine prn
- clear dosing information is given - to take 5 mL when needed, up to every 4 hours
- no rationale is given for using both or how they work together
- patient is advised that he may experience more drowsiness
- patient is advised to see his doctor if too many side effects - but no reference to pain control

Uncertain if:

- patient is advised to continue taking morphine tablets along with liquid morphine
- patient is advised that he may experience more drowsiness
- no rationale / explanation or dosing information / instructions for taking both
- no follow-up mentioned

Unsolved if:

- patient is cautioned about using too much morphine, raising patient's concerns
- patient is advised that he should not experience any more drowsiness but if he does, to stop using liquid morphine
- no follow-up mentioned

STATION REQUIREMENTS / SUPPLIES / REFERENCES

Patient record (profile): information as on previous page
Reference: CPS

CHECKLIST (expected responses)

1. Asks patient about nature of pain (e.g., severity, frequency, timing)
2. Asks about side effects (e.g., constipation)
3. Continue taking one morphine tablet every 12 hours (twice daily)
4. Take morphine liquid - 5 mL every 4 hours - if needed for breakthrough pain.
5. It is safe to take both tablets and liquid
6. Rationale for using both - tablets are for maintaining pain control; liquid is for immediate relief
7. May experience more drowsiness / sleep (if you take both liquid and tablets)
8. Stop taking Tylenol
9. Use stimulant laxative (e.g., bisacodyl or sennosides) if needed to manage constipation
10. Contact your doctor if you get breakthrough pain often OR need to take the liquid morphine regularly (e.g., every 4 hours) OR monitor the number of doses taken and report it to your doctor
11. If you need liquid morphine regularly your tablets may not be strong enough / may need a dose adjustment

SCORES (to be based on standard scoring guidelines and Assessor Information above)

Communications
4=Acceptable
3=Acceptable/Marginal
2=Unacceptable/Marginal
1=Unacceptable

Outcome
4=Problem Solved
3=Solved/Marginal
2=Uncertain
1=Unsolved

Performance
4=Acceptable
3=Acceptable/Marginal
2=Unacceptable/Marginal
1=Unacceptable

Misinformation Yes No
Risk to Patient Yes No