

Citation for published version: Hanning, LM, Parmar, NR & Morris, EJ 2013, 'Experiences using the Confluence wiki as an e-portfolio in a Pharmacist Prescribing Programme' Monash Pharmacy Education Symposium 2013, Prato, Italy, 8/07/13 -10/07/13, .

Publication date: 2013

Document Version Early version, also known as pre-print

Link to publication

University of Bath

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

EXPERIENCES USING THE CONFLUENCE WIKI AS AN E-PORTFOLIO IN A PHARMACIST PRESCRIBING PROGRAMME



Hanning LM^{1,2}, Parmar NR¹ & Morris EJ¹

1.Department of Pharmacy and Pharmacology, University of Bath, UK 2. South West Medicines Information and Training, Bristol Royal Infirmary, Bristol, UK

Introduction

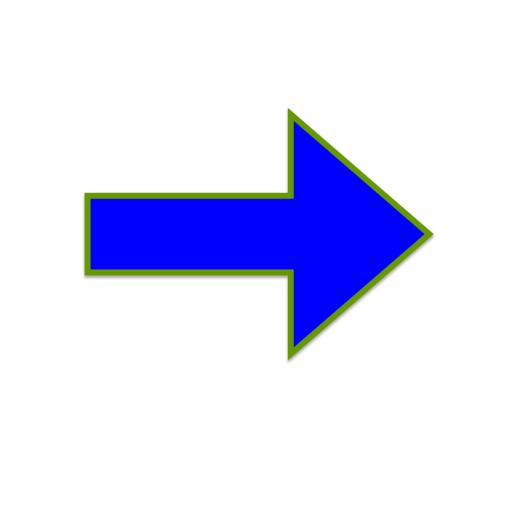
The pharmacist prescribing programme is a General Pharmaceutical Council (GPhC) accredited programme delivered at the University of Bath in the United Kingdom (UK). Mixed methods of assessment are used during the 7 month course which include 10% case presentation, 10% therapeutic medication review, 20% Observed Structured Clinical Exam (OSCE) and 60% portfolio. These portfolios have historically been paper based.

The portfolio assesses the knowledge based components of the course and their application to practice. It is also a record of the required 90 hours of clinical attendance and an assessment of developing competence using *A Single Competency Framework for all Prescribers* (NPC, 2012). The programme uses a team of markers who are geographically distant from the University and has relied on posting these large portfolios back to the University after marking for peer review before feedback was given to the students. The layout of the portfolios, although structured was also diverse. In 2012, the programme team decided to replace the paper based system with an electronic portfolio. Although the concept of e-portfolios is not new (JISC, 2012), the development of a wiki to support this has been less widely described. This poster describes how the team developed the University Confluence wiki into a bespoke e-portfolio and evaluated the views of the users of the product (students and markers), the process and the impact of digital literacy

<u>Dashboard</u>	> PPP Portfolio Test	› Your Portfolio







Your Portfolio Reflective Diary Scratch Pad – for practicing

Prescribing Task 1

Prescribing Task 2

Prescribing Task 3

Prescribing Task 4

Prescribing Task 5

Prescribing Task 6

Prescribing Task 7 Part 1 Personal Reflection

Part 1 Marker Feedback

Feedback

Prescribing

Prescribing Task 8

Prescribing Task 9 Prescribing Task 10

Prescribing Task 11

Prescribing Task 12

Prescribing Task 13

Prescribing Task 14

Feedback

Part 2 Personal Reflection

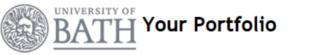
Part 2 Marker Feedback

Part 2 Clinical Attendance Logs & DMP

Part One: Prescribing in Context

Part 1 Clinical Attendance Logs & DMP

Part Two: Consultation Skills in



Standard by Elizabeth Morris, last edited by Elizabeth Morris on Sep 22, 2012 (view change) show comment

Welcome to your personal e-Portfolio space!

- You can use this space to enter some basic details about you and your prescribing practice. Editing these details will be a part of the Induction session, and will hopefully get you started and happy with adding content to these pages. This will also form a quick point of reference for your Portfolio Marker and the Programme Lead when marking or responding to queries. You can update this information if anything changes as you progress through the course.
- I work for: (Please note the name of the organisation that is supporting you through this course)
- My area of prescribing is: (Overtype here with a few sentences about your specialist area of prescribing, the type of clinical session you hope to be undertaking and what you hope to achieve over the next few months).

My DMP's name is:

He/She is: (note your DMP's title/job description here).

Your Portfolio Structure

On the left hand side of your screen you should see a menu bar. Each blue link is a separate portfolio page that you will need to complete before the submission deadline. You will notice that, at the beginning of the course, only the space under the Part One heading has been populated. Parts Two and Three will magically appear as time goes on. Working in this way will allow us to gain your feedback on how Part One has worked and, if necessary, make some small adjustments.

The portfolio has been structured with one page for each Prescribing Task you will need to complete. Part One contains Tasks 1–7, Part Two contains Tasks 8–14, and Part 3 contains Tasks 15–24. In addition, each of the three Parts contains a page for you to write your personal reflection, and a page for you to upload the various forms required (feedback forms from your DMP and your clinical attendance logs). There is also a page for your Portfolio Marker to write their feedback and to upload their marking forms following submission.

You also have an additional two pages under the 'Home' Section. The first is your Reflective Diary space. You can use this page to keep a diary of points of interest as you progress, which you can then draw upon to write your reflection at the end of each part of the course. The second page is your Scratch Pad. This is a page for you to play with, practice your formatting, and generally get comfortable with using the wiki. Neither of these pages will form part of your final submission and won't be marked, they are there for your own personal use.

Development of the wiki

The 2012 cohort of students were set up with bespoke wiki pages which mirrored the assessment tasks in the programme. Students completed practice based activities and uploaded evidence of these in the form of structured tasks, attendance logs and reflection. They also uploaded records of their required 90 hours of clinical practice and feedback from their designated medical practitioner (DMP). This work was assessed remotely by experienced markers and then peer reviewed by two members of the programme team. The students and markers were surveyed for their experiences of using the wiki. The programme team, together with the university e-Learning team, then evaluated the impact of this new process of assessment in addition to issues of digital literacy. Figure1 shows sample pages from the wiki.

Figure 1: Sample wiki pages showing uploaded tasks, consultation reports and reflection.

F	Part One: Prescribing in Context Prescribing Task 1 Prescribing Task 2	BATH Prescribing Task 2 LUNIVERSITY OF Prescribing Task 2 LEdit 🖾 Share 🕂 Add - 🌣 Tools -	Home Your Portfolio Reflective Diary Scratch Pad – for practicing	UNIVERSITY OF Prescribing Task 17 Share Add - Of Tool	Home Your Portfolio IS Reflective Diary Scratch Pad – for practicing	ReflectionUnit3.docx View + Add + Tools + Edit Document Reflection – Pharmacist Prescribing Unit 3
	Prescribing Task 3	S Added by Elizabeth Morris, last edited by Elizabeth Morris on Nov 26, 2012 (view change) show comment			Part One: Prescribing in Context	Relection – Flatilitatist Freschbing ont o
F	Prescribing Task 4		Part One: Prescribing in Context	Prescribing Task 17 (Rx17A & 17B): Final Consultations	Prescribing Task 1	
F	Prescribing Task 5	1 Prescribing Task 2 (Rx2): Clinical Management Plan (CMP) 1	Prescribing Task 1		Prescribing Task 2	
F	Prescribing Task 6	· ····································	Prescribing Task 2	You should write up a two complete clinical consultations. You should record your consultation on two Consultation Report Forms and upload them to the e portfolio.	······································	
	Prescribing Task 7	The Clinical Management Plan (CMP) outlines the boundaries of responsibilities for the non-medical prescriber and the extent of prescribing duties when acting	Prescribing Task 3	portoio	Prescribing Task 4	
r.		as a supplementary prescriber. Developing a CMP is a useful exercise to help you start to think about which patients you will be seeing and how your	Prescribing Task 4	When you write up the consultation you should explicitly describe how your actions demonstrate competence against those behavioural indicators listed in	Prescribing Task 5	
F	Part 1 Personal Reflection	supervision and referral pathways may work. In this task we ask you to develop a CMP that you will later use in a patient consultation. This CMP will be	Prescribing Task 5	Domain A of the NPC competency framework. Further guidance about this will be given through Moodle and at the workshop.	Prescribing Task 6	
F	Part 1 Clinical Attendance Logs & DMP	developed into a Treatment Plan (TP) later in the programme to address independent prescribing responsibilities.	Prescribing Task 6		Prescribing Task 7	My chosen area of prescribing is in the colorectal oncology outpatient clinic. After qualification 1 will work one day each week in my DMP's clinic.

Feedback Part 1 Marker Feedback	You should draft a first version of a CMP that you could use in your area of clinical practice. You should then discuss or review it with your DMP and, based on their feedback, produce a final version. You should upload both versions to the e-portfolio and write a short report describing what changes you made and the reasons behind these. You may find it useful to include a version which includes written or electronic comments from your DMP. There are no limits on how
Part Two: Consultation Skills in	many CMPs you develop but you only need to submit two drafts (a first and final version) at this stage.
Prescribing	In preparing for the task you should read through the section on CMPs and Prescribing resources. Use the CMP template that is available on this section of
Prescribing Task 8	Moodle. This template includes a section for reflection on the development of the document. You should ensure you complete this before submission.
Prescribing Task 9	
Prescribing Task 10	Please find the first draft of my CMP <u>here</u> .
Prescribing Task 11	Please find the copy of my CMP with review comments here.
Prescribing Task 12	Trease and the copy of my car with review comments <u>incre</u> .
Prescribing Task 13	Please find the signed draft reviewed with my CMP here - page 1, page 2.
Prescribing Task 14	Please find the final version of my CMP and reflection here.
Part 2 Personal Reflection	· <u> </u>
Part 2 Clinical Attendance Logs & DMP	🖞 Like Be the first to like this None 🆉
Feedback	

Prescribing Task 7	Name			Size	Creator	Creation Date	Labels	Comment
Part 1 Personal Reflection Part 1 Clinical Attendance Logs & DMP Feedback	PA50:	PA50249_\	B_prescription	2.13 MB		Apr 26, 2013	None 🖉	outpatient prescription (task 17B)
Part 1 Marker Feedback	W PA50	249_\	B_Consultation	60 kB		Apr 01, 2013	None 🖉	Task 17B consultation report form
Part Two: Consultation Skills in Prescribing	PA50	249_\	B_episoderecor	3.24 MB		Apr 01, 2013	None 🖉	Task 17B chemotherapy episode record sheet
Prescribing Task 8 Prescribing Task 9	PA50:	249_\	A_episoderecor	3.27 MB		Apr 01, 2013	None 🖉	Task 17A chemotherapy episode record sheet
Prescribing Task 10 Prescribing Task 11	W <u>PA50</u>	249_\	A_Consultation	61 kB		Apr 01, 2013	None 🖉	Task 17A consultation report form
Prescribing Task 12 Prescribing Task 13			Browse Commen	t	Attach			
Prescribing Task 14 Part 2 Personal Reflection	Please start typing here Please find my consultation report form for task 17A <u>here,</u> and evidence of my note taking (the chemotherapy episode record sheet) <u>here</u> .							
Part 2 Clinical Attendance Logs & DMP	i icase inia ini	consultation re	port form for task 17A ne	ic, and evide	nee of my no	te turing (the the	inomerapy episode record sneet)	incre.

Part 1 Clinical Attendance Logs & DMP Feedback Part 1 Warker Feedback Part 1 Warker Feedback Part Two: Consultation Skills in Prescribing Task 8 Pervelopment and application of Treatment Plans Prescribing Task 10 Initially, 1 felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease-related Prescribing Task 10 Initially, 1 felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease-related Prescribing Task 10 Initially, 1 felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease- The signs and symptoms assessed in consultations relate to adverse effects of chemotherapy. After discussion with my DMP, we felt it would be helpful to develop TPs for common adverse events requiring intervention such as nausea and vomiting. I have used my nausea and vomiting TP to review several patients, and successfully amend their anti-emetic medication to control symptoms. Prescribing Task 14 Developing my TPs with input from my DMP broadened my knowledge about the potentially serious range of differential diagnosis for nausea and vomiting. Before 1 started the process, I assumed that my TPs would be most helpful in enabling selection of an appropriate intervention. However, I have found them most useful in considering differential diagnosis, and for referral of potentially serious adverse events.	Part 1 Personal Reflection	
Part 1 Marker Feedback Development and application of Treatment Plans Prescribing Task 10 Prescribing Task 12 Prescribing Task 12 Initially, I felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease-related complications. I found developing treatment plans (TPs) for adjuvant patients challenging, as they have no signs or symptoms of disease. The signs and symptoms assessed in consultations relate to adverse effects of chemotherapy. After discussion with my DMP, we felt it would be helpful to evelop TPs for common adverse events requiring intervention such as nausea and vomiting. I have used my nausea and vomiting TP to review several patients, and successfully amend their anti-emetic medication to control symptoms. Prescribing Task 13 Prescribing Task 14 Part 2 Personal Reflection Part 2 Clinical Attendance Logs & DMP Feedback Part 2 Marker Feedback Developing my TPs with input from my DMP broadened my knowledge about the potentially serious range of differential diagnosis for nausea and vomiting. Before I started the process, I assumed that my TPs would be most helpful in enabling selection of an appropriate intervention. However, I	Part 1 Clinical Attendance Logs & DMP	
Part Two: Consultation Skills in Prescribing Task 8 Prescribing Task 10 Prescribing Task 10 Prescribing Task 11 Prescribing Task 12 Prescribing Task 12 Prescribing Task 13 Prescribing Task 14 Prescribing Task 14 Prescribing Task 14 Prescribing Task 14 Prescribing Task 14 Prescribing Task 16 Prescribing Task 16 Prescribing Task 17 Prescribing Task 18 Prescribing Task 18 <br< td=""><td>Feedback</td><td></td></br<>	Feedback	
Part 1 Wo: Consultation Skills in Prescribing Task 2 Prescribing Task 10 Initially, I felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease-related Prescribing Task 10 complications. I found developing treatment plans (TPs) for adjuvant patients challenging, as they have no signs or symptoms of disease. The signs and symptoms assessed in consultations relate to adverse effects of chemotherapy. After discussion with my DMP, we felt it would be helpful to develop TPs for common adverse events requiring intervention such as nausea and vomiting. I have used my nausea and vomiting TP to review several patients, and successfully amend their anti-emetic medication to control symptoms. Prescribing Task 13 part 2 Personal Reflection Part 2 Clinical Attendance Logs & DMP Developing my TPs with input from my DMP broadened my knowledge about the potentially serious range of differential diagnosis for nausea and vomiting. Before I started the process, I assumed that my TPs would be most helpful in enabling selection of an appropriate intervention. However, I	Part 1 Marker Feedback	
	Prescribing Prescribing Task 8 Prescribing Task 9 Prescribing Task 10 Prescribing Task 11 Prescribing Task 12 Prescribing Task 13 Prescribing Task 14 Part 2 Personal Reflection Part 2 Clinical Attendance Logs & DMP Feedback	Initially, I felt reviewing patients receiving adjuvant chemotherapy would be a good use of my skills as these patients have few disease-related complications. I found developing treatment plans (TPs) for adjuvant patients challenging, as they have no signs or symptoms of disease. The signs and symptoms assessed in consultations relate to adverse effects of chemotherapy. After discussion with my DMP, we felt it would be helpful to develop TPs for common adverse events requiring intervention such as nausea and vomiting. I have used my nausea and vomiting TP to review several patients, and successfully amend their anti-emetic medication to control symptoms. Developing my TPs with input from my DMP broadened my knowledge about the potentially serious range of differential diagnosis for nausea and vomiting. Before I started the process, I assumed that my TPs would be most helpful in enabling selection of an appropriate intervention. However, I

Results from the student evaluation

Students self reported a range of digital literacies. They ranged from not at all skilled (n=1) to very skilled (n=4) with most in between. All students were familiar with the Internet but only 4 had used a Wiki before. Most students found the wiki easy to access and to navigate and were able to complete the online tasks and upload documents as requested. Only a few utilised the enhanced options and went beyond the set template to provide more innovative responses. All students felt the wiki was useful as an e-portfolio.

Students generally reported that it took a while to get used to the wiki. They were also learning about the course and the Virtual Learning Environment (Moodle) at the same time. Students who had used a paper based system previously were able to say that this system was preferable.

"I have not used anything like this before, but once I learnt what to do (which was simple) I found the wiki very easy to use, and had no problems"

"I was pleased with all aspects of the wiki but especially adding and submitting work. I am not the most organised of people and find that maintaining paper portfolios a nuisance, the electronic system was easy to maintain appropriately and I can't imagine doing "I think the portfolio is useful for quick feedback but I can see how people with less experience of computers might find it complicated."

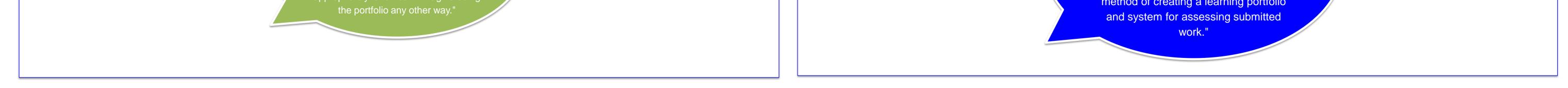
Results from the marker evaluation

All markers found the wiki easy to use and to navigate. They were easily able to find submitted assessments for marking and liked the ability to "view" the work within the wiki rather than download documents. All markers agreed that they were able to mark work faster than with the previous paper based system. All markers felt this was a useful way of engaging with technology to support learning.

The programme team were able to peer review the portfolios in a more timely manner than with the previous system. Two members of the team were able to review all the portfolios in a day. Previously portfolios were very large and needed to be posted from the markers back to the University. They were also in a less standardised format and therefore took much longer to

"Being able to access the wiki from any computer has meant that where necessary I've been able to go in and mark / see work to discuss with students from home / other jobs.... I really like it"

"use of this technology has significantly improved the ease and robustness of marking portfolios. Before using the wiki, the lack of intuitive organisation and physical size of the paper portfolio actively detracted from the effectiveness of quality marking..... A highly acceptable "This was so much better than the paper based system, particularly because it enabled me to add comments and suggestions directly into documents and email them back."



Discussion and suggestions for improvement

The programme team have demonstrated an enhanced level of Quality Assurance and an ability to deliver timely feedback on evidence of practice based activities. The level of digital literacy impacts on the ability of the student to present data. The feedback from the student and marker survey suggests the users of the e-portfolio found it easy to access and to navigate and demonstrated good engagement with this as a method of assessment and feedback. Other positive aspects include the speed of marking and feedback, reduced staff time and an enhanced peer review process. The external examiner was impressed with this new development.

Following the evaluation a number of suggestions to improve the wiki have been considered. The team are investigating a way to automatically register the clinical attendance hours and build this into the e-portfolio. The team are also looking at the process which underpins the portfolio and how the permissions and availability of the work are managed.

References

JISC (2012) Crossing the threshold: Moving e-Portfolios into the mainstream http://www.jisc.ac.uk/whatwedo/programmes/elearning/eportfolios/crossing.aspx accessed 03/02/13

NPC (2012) A Single Competency Framework for all Prescribers http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf accessed 03/02/13