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SMART PHARMACIST PROGRAM

Learn Today – Apply Tomorrow

SHAPING THE FUTURE:
Innovative model to drive changes in pharmacy
education and practice in Serbia
February 5, 2022

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Assistant Executive Director, and Director, International Services, Accreditation Council for Pharmacy Education (ACPE), Chicago, USA

- Hospital and community pharmacist in Zimbabwe
- Professional affairs, strategic initiatives and projects, and international services and collaboration.
- Development of ACPE's PharmD Degree Standards 2007
- Global leader in initiatives to introduce a CPD approach to self-directed lifelong learning.
- Papers published on CPD, global trends and initiatives in pharmacy education, post-licensure credentialing of pharmacists, and education and training of pharmacy technicians.
- Former Quality Assurance Domain Lead in FIP Education (FIP*Ed*)
- Author/Co-Author of the Global Framework for Quality Assurance of Pharmacy Education, adopted by FIP in 2008 and updated in 2014.
- FIP Board of Directors (“Bureau”), Foundation for Education and Research, BPP and several other FIP committees.
- Consultant, trainer and invited speaker in more than 70 countries.

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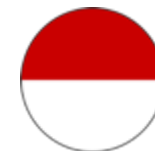


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Learn today – Apply tomorrow!

SMART Pharmacist Program is designed to be a **sustainable, evidence-based** educational initiative with all elements of the **Continuing Professional Development (CPD) Cycle**, including **application** and **impact** on everyday pharmacy practice.



Article

Learn Today–Apply Tomorrow: The SMART Pharmacist Program

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Abstract: The SMART Pharmacist Program was initiated by the Accreditation Council for Pharmacy Education (ACPE) and Pharma Expert in 2014. It was designed to introduce a new continuing education model for pharmacists for the Turkish Pharmacists’ Association, and to support development of competencies for future practice. After successful implementation in Turkey, the Program spread to 16 additional countries. To assure quality, globally adopted and validated tools and best practices were used, respecting the national context. National competency frameworks and quality indicators for pharmaceutical care delivery were developed. Pharmacists’ learning portfolios were introduced and patient care modules created. Under the sub-title “Learn Today—Apply Tomorrow,” the changes in practice were introduced under the leadership of national host organizations. The Program showed an impact on the patient level in several countries, especially in areas of patient care in Asthma and Chronic Obstructive Pulmonary Disease (COPD), Hypertension and Dyslipidemia, Diabetes, and the patient care process in general (e.g., identifying drug-related problems, improving patient safety, collaborating with medical doctors). Changes are visible at the individual (pharmacists) and organizational levels. Barriers and facilitators to the change-management process during Program implementation are identified. In some countries, the Program is recognized as one of the most important initiatives in pharmacy education and practice, with visible support of national medicines agencies, academia, government, and WHO regional offices.

Keywords: continuing professional development; SMART Pharmacist; pharmacist portfolio; competencies; indicators of quality; pharmacy services; pharmacy education

Rouse MJ, Meštrović A.

*Learn Today–Apply Tomorrow:
The SMART Pharmacist Program.
Pharmacy. 2020; 8(3):139.*

Table 3. Numbers of trained pharmacists in the Program.

	Country	SMART Trainers	Pharmacists Trained in CPD Module	Pharmacists Trained in Asthma and COPD Module	Pharmacists Trained in Pharmacists Patient Care Process Module	Pharmacists Trained in Diabetes Module	Pharmacists Trained in Hypertension and Dyslipidemia Module
1	Turkey *	341	5474	2761	820 *	3997 *	1265 *
2	Montenegro	12	51	51			
3	Kuwait	5	5	5			
4	Oman	89	89	61	35	28	28
5	Estonia	45	100		100		
6	Jordan	70	80				
7	Indonesia	80	80		80		
8	Qatar	39	144	21		144	
9	Serbia	40	40	37			
	Total # Pharmacists Trained	721	6063	2936	1035 *	4169 *	1293 *

* Data from Turkey is from the SMART Program and Rehber Eczanem (derived from the SMART Program).

Rouse MJ, Meštrović A. Learn Today–Apply Tomorrow: The SMART Pharmacist Program. *Pharmacy*. 2020; 8(3):139.

Table 2. Countries and activities included in the SMART Program.

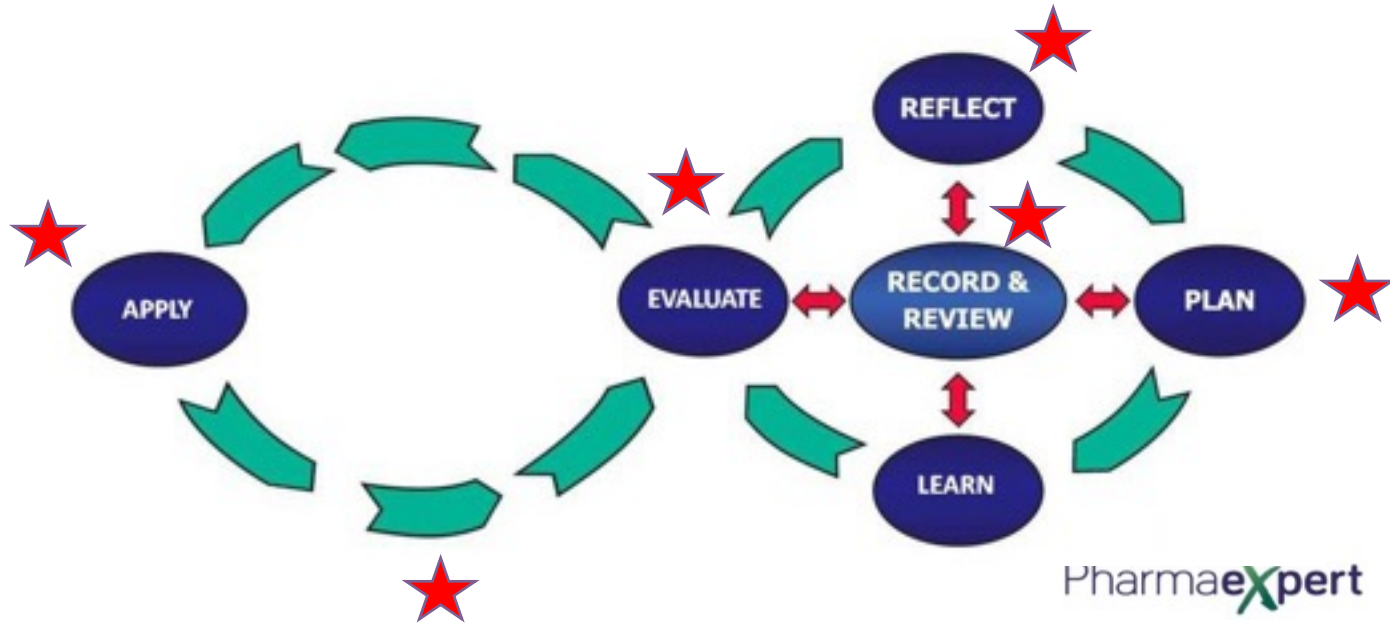
	Country	Program Started	Partner/Host Organization(s)	Master Class to Introduce Program	Innovation Workshop	TTT CPD Module	TTT Clinical Module	Training for Pharmacists by SMART Trainers	SMART Leadership Program	SMART Student/Preceptor/Educators/Program	Follow-Up SMART Presentation of Results at Other Events
1	Turkey	2014	Turkish Pharmacists' Association	x	x	x	x	x	x	x	x
2	Northern Cyprus	2015	Near East University	x					x	x	
3	Spain	2015	Faculty of Pharmacy, University of Valencia	x						x	
4	Montenegro	2016	Pharmaceutical Chamber	x		x	x	x			x
5	India	2016	Indian Association of Colleges of Pharmacy	x					x	x	
6	Kuwait	2016	Life Sciences Academy; Kuwait CPD Committee		x	x	x	IP			
7	Romania	2017	Hospital Pharmacists' Association	x							
8	Oman	2017	Directorate General of Medical Supplies, MoH	x		x	x	x			x
9	Egypt	2017	Children's Cancer Hospital 57357	x	x	IP	IP	IP	IP	x	
10	Estonia	2017	Institute of Pharmacy, University of Tartu	x		x	x	IP			IP
11	Jordan	2017	Jordanian Pharmacists Association		x	x	x	x			
12	Indonesia	2018	Indonesian Pharmacists Association	x	x	x	x				
13	Poland	2018	Pharmaceutical Chamber	x	IP	IP	IP	IP	IP		
14	Armenia	2018	PharmProgress		x						IP
15	Qatar	2018	Hamad Medical Corporation		x	x	x	x	IP		IP
16	Serbia	2019	Pharmaceutical Chamber		x	x	x	IP			IP
17	Mauritius	2020	JSS University	x	IP					IP	
		Total X		12	8	9	9	5	3	5	3
		Total IP		0	2	2	2	5	3	0	4

Legend: X = Completed; IP= In Progress; TTT = train-the-trainer.

Where are we today in Continuing Professional Development?

CPD is a self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. **Several key differences from traditional approaches:**

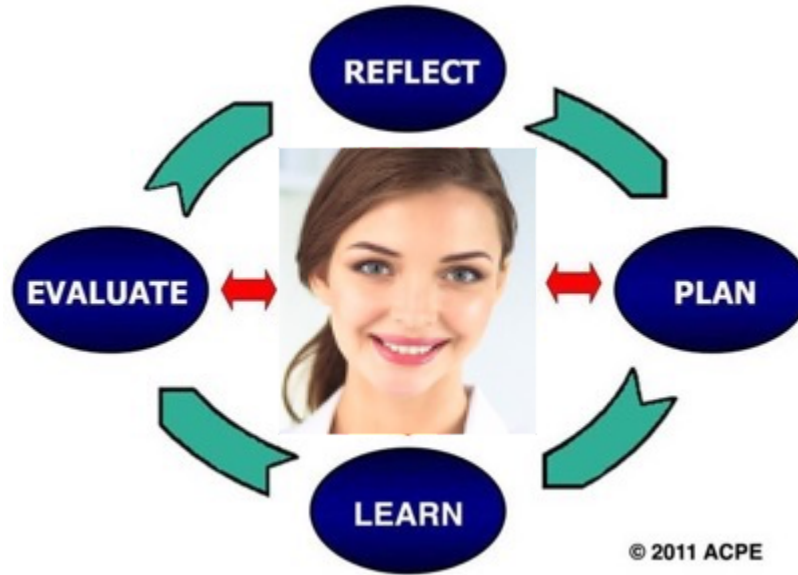
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Continuing Professional Development



**CPD aims to shift from a teacher/provider-driven model
to a learner-driven model**



Commitment to Change

- Education's full value is achieved if there is change (IMPACT)
- Commitment to Change (CTC) statements can be used to affect and measure practice change.
- A CTC statement is a written “contract” in which a participant of an educational activity **commits to making a change in future behavior or practice.**
- Statements do not need to be signed.
- Participants view such statements as a promise to be kept.



Commitment to Change: Bridging the Gap between *Good Intentions* and *Real Change*

Good intentions



Real change

Practice Change in Community Pharmacy: Quantification of Facilitators

- There has been an increasing international trend toward the delivery of cognitive pharmaceutical services (CPS) in community pharmacy.
- CPS have been developed and disseminated individually, without a framework underpinning their implementation and with limited knowledge of **factors that might assist practice change**. The implementation process is complex, involving a range of internal and external factors.
- Facilitators should be used in a multilevel strategy to integrate professional services into the community pharmacy business, engaging pharmacists and their staff, policy makers, educators, and researchers.

Roberts AS, Benrimoj SI, Chen TF, Williams KA, Aslani P. Practice change in community pharmacy: quantification of facilitators. *Ann Pharmacother* 2008;42:861–868.

Implementacijska znanost

Facilitatori i barijere implementacije ljekarničkih usluga u najboljim ljekarničkim praksama

1. Interprofesionalni, integrirani pristup pacijentu i kolaborativna praksa
2. Odabir usluga koje se temelje na javnom zdravstvu, edukaciji pacijenata, adherenciji i sigurnosti pacijenata
3. Timski rad, podjela odgovornosti prema kompetencijama i specijalizacijama
4. Komunikacija i savjetovanje s pacijentima
5. IT alati i aplikacije za prikupljanje i obradu podataka
6. Marketinški alati, preraspodjela i označavanje prostora
7. Jasno zacrtani standardi i kontrola kvalitete pružanja usluga
8. Vanjski eksperti koji nisu dio sustava: edukatori, konzultanti, dizajneri, projektni programeri
9. Stvarne i pomno ispitane potrebe i zadovoljstvo pacijenata
10. Čvrsta i održiva financijska konstrukcija
11. Razvoj i vidljivost internih «šampiona» i pokretača promjena

Practice Change in Community Pharmacy: Quantification of Facilitators

Skills in areas such as leadership, task delegation, goal setting, and teamwork would seem to be of equal importance to pharmacists clinical skills when it comes to integrating a new service into daily practice.

It is critical that, at all levels of pharmacy practice, there is not only awareness, but also a commitment to use these facilitators to allow the profession to move forward in such a way that community pharmacy's role in service provision is strengthened.

Roberts AS, Benrimoj SJ, Chen TF, Williams KA, Aslani P. Practice change in community pharmacy: quantification of facilitators. *Ann Pharmacother* 2008;42:861–868.

Evaluation of the implementation process and outcomes of a professional pharmacy service in a community pharmacy setting

- The first-level analysis was targeted at the **external system of the pharmacy**. It involved semi-structured interviews with different stakeholders such as General Practitioners (GPs), representatives of professional bodies, pharmacy practitioners and strategists.
- The second-level analysis was targeted at the local community and patients attending the community pharmacy to assess their **expectations and satisfaction with the professional pharmacy services**.

Garcia-Cardenas et al. Evaluation of the implementation process and outcomes of a professional pharmacy service in a community pharmacy setting. A case report / Research in Social and Administrative Pharmacy j (2016) 1–14

Evaluation of the implementation process and outcomes of a professional pharmacy service in a community pharmacy setting

- The third and fourth-level analysis was targeted at the pharmacy as an organization and at the pharmacy staff.
- A systematic analysis of internal barriers included: **Current organizational culture of the pharmacy, lack of an internal implementation champion, lack of priorities and goals, inappropriate layout (including the lack of a counseling room), lack of appropriate technology and resources, and lack of bibliographic resources and medicines-information support/assistance**
- At the pharmacy staff level, **lack of leadership, lack of staff awareness on the relevance of the service, lack of priority to implement the service, inadequate workflow, and lack of staff training to provide the service were identified as the major barriers.**

Garcia-Cardenas et al. Evaluation of the implementation process and outcomes of a professional pharmacy service in a community pharmacy setting. A case report / *Research in Social and Administrative Pharmacy* j (2016) 1–14

How we will Record & Review (Portfolio)

- Documentation is integral to each component of the **learning and application cycles**
- Dynamic, comprehensive tool to record and retrieve information, reflection, action plans, changes in practice, patient outcomes, etc.
- Facilitates achievement of learning objectives and personal learning plan
- Needs to be readily accessible, simple to use
- Ideally standardized format (electronic/paper)



Arijana – opening the pages of the portfolio together

O VAŠEM KPR PORTFOLIJU

Dragi kolege!

Dobrodošli na Vaše SMART putovanje.
Vaš Portfolio će da Vam pomogne da pratite svoj napredak i planirate svoje učenje!

Sekcije A i B su o Vašem razmišljanju. Dok odgovarate na pitanja, pokušajte misliti na ova 3 aspekta:

- ✓ **ŠTA?** Opišite Vašu situaciju objektivno.
- ✓ **PA ŠTA?** Opišite šta Vaša situacija znači za Vas i druge oko Vas. Opis treba da bude više kon.
- ✓ **ŠTA DALJE?** Šta želite da preduzmete povodom Vaše situacije?

Sekcija C govori o samoproceni kompetencija (za vrhu identifikacije ciljeva učenja; pred-pilot).

Sekcija D govori o samoproceni kvaliteta usluga u apoteci u kojoj radite (pred-pilot).

Sekcija E govori o planiranju Vašeg učenja.

Sekcija F govori o praćenju Vašeg učenja.

Sekcija G govori o dokumentovanju implementacije Vašeg učenja.

Sekcija H se odnosi na sumiranje Vašeg pilot iskustva.

Sekcija I govori o samoproceni kompetencija (post-pilot).

Sekcija J se odnosi na samoprocenu kvaliteta usluga u apoteci u kojoj radite (post-pilot).

SEKCIJA A

SEKCIJA A: *Razmišljanje o sebi kao Ličnosti, Farmaceutu i Učeniku*

1. DEO: Kao Ličnost

Nabrojite stvari koje opisuju Vas kao Ličnost, neke stvari koje su veoma važne za Vas.

2. DEO: Kao Farmaceut

Šta Vam se dopada u poslu farmaceuta? Šta Vas stimuliše i motiviše, zašto volite svoj posao?

Šta Vam se ne sviđa kod zvanja farmaceuta? Šta Vas frustrira ili razočarava?

Postoje li neke promjene koje biste želeli da vidite u profesiji farmaceuta, vezane za edukaciju, praksu ili regulativu / politiku?

3. DEO: Kao Učenik

Opišite svojim rečima kako mislite da je Vaše učenje najefektnije. Koji ambijent i koje su metode / strategije koje Vam najviše pomažu u učenju?

SEKCIJA B

SEKCIJA B: *Razmišljanje o mom trenutnom okruženju*

1. DEO

Opišite ukratko, kako izgleda jedan tipičan dan u apoteci u kojoj radite. Koju vrstu pacijenata i korisnika usluga susrećete? Koje su njihove potrebe i zahtevi? Koju vrstu usluga, informacija i saveta obično obezbeđujete Vašim pacijentima i korisnicima usluga?

Dajte neke primere komplikovanijih ili težih zahtjeva ili situacija koje ste imali u apoteci u kojoj radite, u proteklih 6 meseci. Kako ste se izborili sa ovim težim situacijama?

Koliko često ste radeći u apoteci imali kontakt / komunikaciju sa ostalim zdravstvenim radnicima, poput lekara? Koja je bila priroda te komunikacije? O kojim problemima ste diskutovali?

Kratko opišite područja rada farmaceuta u kojima se osećate:

Samopouzdan, sa dovoljno znanja, veštine, imajući pravi stav i vrednosti.

Nedostatak samopouzdanja, znanja ili veština, stavova i vrednosti koji bi mogli biti unapređeni.

SEKCIJA C

Stručne kompetencije	Procena
1. KOMPETENCIJE FARMACEUTA U JAVNOM ZDRAVSTVU	
K-1 PROMOCIJA ZDRAVLJA	
SP-1 Procena pacijenta i njegovih zdravstvenih potreba (sociološki i društveni profil)	1 – 2 – 3 – 4
Ova kompetencija predstavlja sposobnost farmaceuta da, u zavisnosti od individualnih potreba pacijenta, pruži odgovarajuću uslugu farmaceutske zdravstvene zaštite. Procena pacijenta je kompetencija koja obavezuje farmaceuta da sa korisnicima usluga komunicira na odgovarajući način. Farmaceut u neposrednom razgovoru sa pacijentom prepoznaje njegove zdravstvene potrebe (akutno ili hronično zdravstveno stanje, uzrast pacijenta, stalni ili novi pacijent i drugo).	
SP-2 Savetovanje pacijenta o prevenciji i kontroli bolesti, kao i promocija zdravlja i zdravog načina života	1 – 2 – 3 – 4
Obaveza farmaceuta je da učestvuje u zdravstvenom vaspitanju i edukaciji građana iz oblasti javnog zdravlja. Farmaceut pruža informacije o aktuelnim pitanjima kao što su proglašenje epidemije, vakcinacija, programi za odvikavanje od pušenja, regulisanje telesne mase, preventivnim i kontrolnim merenjima, načinima prevencije i borbe protiv malignih, zaraznih i hroničnih nezazarnih bolesti. Kompetentan farmaceut povezuje se i saraduje sa stručnim i drugim udruženjima, institucijama i organizacijama kako bi građanima omogućio kvalitetnu farmaceutsku zdravstvenu zaštitu. Farmaceut informiše građane o važnim faktorima koji utiču na zdravlje, zdravim stilovima života, djetetsko-higijenskim režimima i da ih uputi na mogućnosti komplementarnog lečenja.	
K-2 INFORMISANJE I SAVETOVANJE PACIJENTA O LEČENJU	
SP-3 Savetovanje pacijenta o racionalnoj upotrebi leka (bezbednost, posebna upozorenja, odlaganje farmaceutskog otpada)	1 – 2 – 3 – 4
Prilikom izdavanja leka, farmaceut pacijentu pruža važne informacije i odgovara na pitanja pacijenta. Farmaceut mora da osigura da informacije budu tačne, jasne, precizne, saopštene i zapisane razumljivim jezikom za pacijenta. Farmaceut se tokom pružanja informacija može savetovati sa kolegom ili koristiti stručnom literaturom, ali na takav način koji kod pacijenta neće razviti nepoverenje ili sumnju u stručnost farmaceuta i tačnost pruženih informacija. Farmaceut pruža savet pacijentu o važnosti terapije, racionalnoj i bezbednoj terapiji, kao i o značaju kontrole rokova upotrebe lekova.	
SP-4 Prepoznavanje medicinskih potreba pacijenta i pružanje odgovarajućih saveta i potrebnih informacija	1 – 2 – 3 – 4
Farmaceut uvažava individualne potrebe pacijenta za informacijama. Postavljanjem otvorenih pitanja, uz ostavljanje dovoljno vremena, pacijentu se pruža mogućnost da objasni način na koji on doživljava svoju bolest, lečenje i terapiju, koje su njegove dileme i poteškoće vezane za terapiju, koji su razlozi eventualnog straha, nesigurnosti i nedostatka	

SEKCIJA D

SEKCIJA D: Samoprocena kvaliteta usluga u apoteci u kojoj radite pred-pilot

INDIKATORI KVALITETA USLUGA

Pokazatelji kvaliteta apoteke	Nisu potrebna nikakva poboljšanja	Potrebna su mala poboljšanja	Potrebna su značajna poboljšanja	Nije implementirano
EDUKACIJA I KONTINUIRANI PROFESIONALNI RAZVOJ (CPD)				
U apoteci se sprovodi procena i samoprocena apotekarskih kompetencija	5	2	1	0
Farmaceuti redovno pohađaju edukacije iz područja farmaceutske zdravstvene zaštite	4	2	1	0
Apotekarski tim ima magistra farmacije sa specijalizacijom iz područja kliničke farmacije ili farmakoterapije	3	2	1	0
Magistri farmacije imaju razvijen plan razvoja i edukacije individualno.	3	2	1	0
UKUPAN ZBIR BODOVA (max 15):				
Komentar članova tima:				
Planovi za unapređenje kvaliteta:				
RACIONALNA FARMAKOTERAPIJA				
Farmaceuti uzimaju od pacijenta istoriju lečenja i farmakoterapijsku anamnezu.	5	2	1	0
Farmaceuti uočavaju i rešavaju probleme nastale u farmakoterapiji (DRP: drug-related problems)?	5	2	1	0
Farmaceuti pravilno postavljaju prioritete u farmakoterapiji.	5	2	1	0
Farmaceuti kreiraju individualne terapijske protokole i planove za svoje pacijente.	5	2	1	0
Farmaceuti uočavaju i redovno prijavljuju neželjene reakcije.	5	2	1	0
Farmaceuti uočavaju i preveniraju interakcije lek-lek, lek-hrana i lek-bolest.	5	2	1	0
U procesu savetovanja proverava se saradljivost i adherenca pacijenta.	5	2	1	0
U apoteci pacijenti mogu dobiti reviziju terapije i pisano apotekarsko mišljenje.	5	2	1	0
Farmaceuti edukuju pacijente o racionalnoj farmakoterapiji.	5	2	1	0
UKUPAN ZBIR BODOVA (max 45):				
Komentar članova tima:				
Planovi za unapređenje kvaliteta:				

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

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Developing SMART Objectives

- **Specific**
 - Be precise about desired achievement
- **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



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



Examples of Learning Objectives

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By the end of April of this year, I will be able to explain the therapeutic differences between the three major statin drugs taken by my patients

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Examples of Learning Objectives

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By the **end of April of this year**, I will be able to **explain** the **therapeutic differences** between the **three major statin drugs** taken by **my patients**

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Examples of Learning Objectives

By the end of April of this year, I will be able to explain the therapeutic differences between the three major statin drugs taken by my patients

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Examples of Learning Objectives

By the end of April of this year, I will be able to explain the therapeutic differences between the three major statin drugs taken by my patients

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Examples of Learning Objectives

By the **end of April of this year**, I will be able to **explain the therapeutic differences** between the **three major statin drugs** taken by my patients ←

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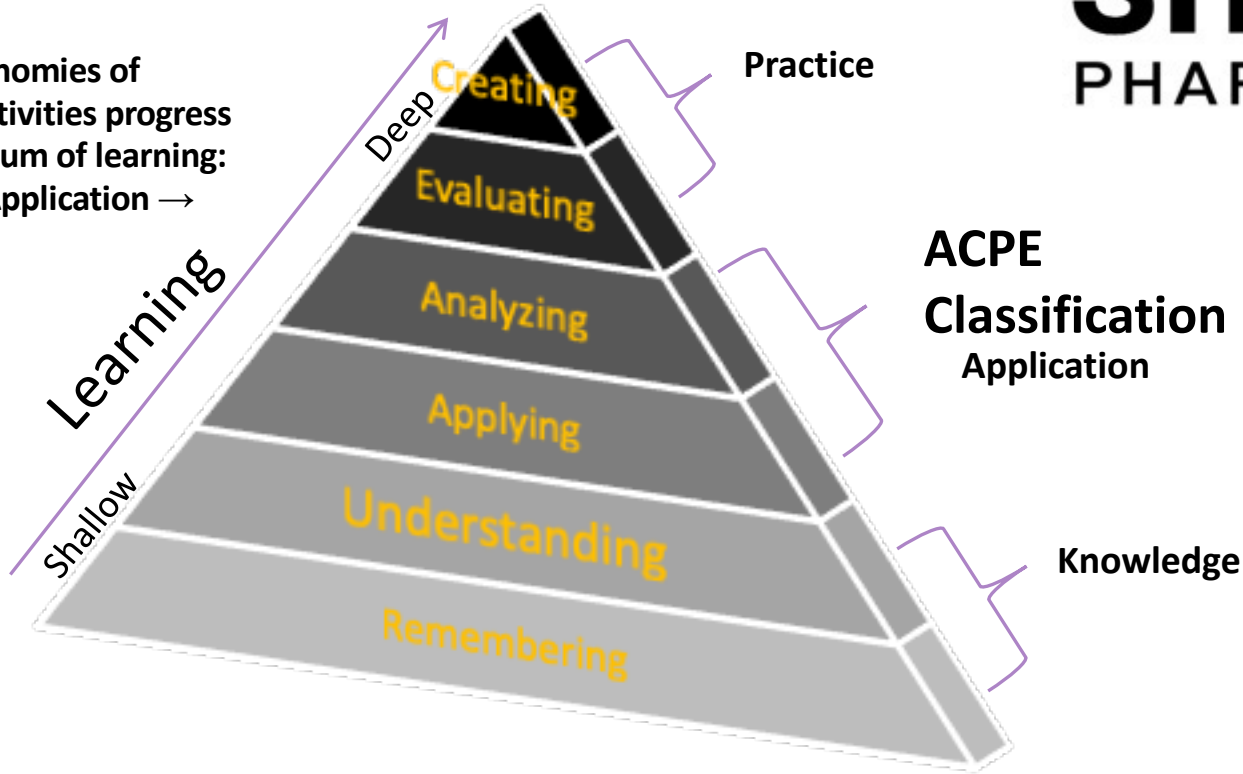
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Bloom's Taxonomy (2000)

Relative to taxonomies of learning, CPE activities progress through continuum of learning: Knowledge → Application → Practice



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Anderson, L.W. and David R. Krathwol, D.R., et al (2000) *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. Allyn & Bacon

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CE Activity Objectives

Bloom's
Taxonomy, 2000

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Creating

Ability to form new product/plan

Evaluating

Ability to judge value of material

Analyzing

Break down into component parts

Applying

Use of learned information in a new way

Understanding

Ability to explain ideas/concepts

Remembering

Recall of previously learned material

Creating: Assemble, construct, create, design, develop, formulate, plan, propose

Evaluating: Appraise, argue, assess, defend, evaluate, judge, select, support, value

Analyzing: Calculate, compare, contrast, differentiate, discriminate, distinguish, examine, experiment, test

Applying: Choose, demonstrate, employ, illustrate, interpret, operate, schedule, sketch, solve, use, write

Understanding: Classify, describe, explain, identify, locate, outline, recognize, report, select

Remembering: Define, list, name, order, recall, repeat, reproduce, state

Action Words

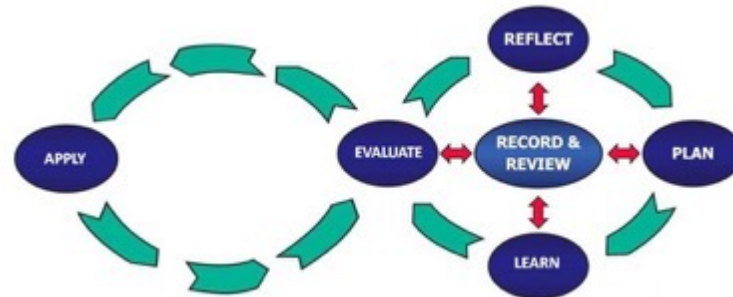
(older version of Bloom's)

Competency	Action Words
Knowledge	Identify, describe, list, recall, state, articulate
Comprehension	Compare, estimate, explain, interpret, define
Application	Apply, plan, choose, demonstrate, develop, prioritize
Analysis	Compare, distinguish, analyze, recognize
Synthesis	Create, formulate, make up, propose a plan, construct
Evaluation	Evaluate, choose, decide, judge, assess

When writing a Learning Objective, **consider** the final outcome (service/application) but **focus** on your learning/education



- What is the need?
- What is the service?
- What **competency** do I need to develop?
- **What/how must I learn** in order to develop that competency?



Examples of Learning Objectives



By the end of April of this year, I will be able to explain the therapeutic differences between the three major statin drugs taken by my patients

By [DATE], I will be able to [Bloom's Verb]
.....[WHAT?].....
.....[BE SPECIFIC].....



SEKCIJA E

SEKCIJA E: *Planiranje sopstvenog učenja*

U sekciji B 4. *deo* identifikovali ste potrebe ili ciljeve Vašeg učenja. Koristeći formu na sljedećoj strani, kreirajte 3 - 5 precizno određenih ciljeva učenja, koristeći SMART princip.

- ❖ **S = SPECIFIC** - precizno određen (opišite šta želite da učite na veoma specifičan, definisan način)
- ❖ **M = MEASURABLE** - mjerljivost (ono što želite da učite mora biti lako mjerljivo, tako da možete pratiti proces i znati kad postignete svoj cilj)
- ❖ **A = ATTAINABLE** - dostižnost (cilj mora biti realan u smislu njegovog obima i vremena koje će Vam trebati da ga postignete; ne budite suviše ambiciozni)
- ❖ **R = RELEVANT** - važno (šta želite ili imate potrebu da naučite, treba da bude važno za Vaš svakodnevni posao; ako možete primijeniti šta ste naučili i učenje će biti mnogo efektivnije i održivije i imaće veći uticaj)
- ❖ **T = TIMED** - vremenski ograničeno (treba odrediti precizan datum do kojeg će cilj biti postignut; kako je gore napomenuto, treba biti razuman)

Dobra je ideja pokušati dotaći **sva polja** kompetencija (znanje, vještine, stav i vrijednosti) prilikom određivanja ciljeva učenja. Ukoliko je moguće, pokušajte da ne odaberete ciljeve isključivo na znanju.

Za svaki cilj učenja, kratko opišite koje aktivnosti učenja (formalne i neformalne) ćete preduzeti, da dostignete cilj i koje druge resurse (ljudske, edukacijske) ćete koristiti.

Nabrojite aktivnosti i resurse (izvore) koje ćete koristiti, uzimajući u obzir sledeće formalne i neformalne aktivnosti učenja, ukoliko su oni nepromjenljivi:

- U živo radeonica, kurs ili konferencija
- Program učenja kod kuće
- Čitanje članaka
- Komunikacija sa kolegama
- Internet pretraživanja
- Pretraživanja literature
- Ostalo

Bilo bi dobro rangirati po prioritetu (1, 2, 3...) Vaše ciljeve učenja. Takođe, razmotrite i identifikujte jedan dugotrajni cilj učenja npr. jedan koji možda neće moći da se izvrši do kraja pilot projekta, ali za koji bi trebalo da ste u mogućnosti da mjerite Vaš uspjeh prilikom njegovog postizanja do kraja Pilot projekta.

SEKCIJA F

SEKCIJA F: *Praćenje sopstvenog učenja*

Za ciljeve učenja postavljene u sekciji C, **koristite tabelu na sljedećim stranama** da pratite Vaše učenje.

Koristite posebnu formu za svaki cilj učenja.

Dok učite, koristite ove forme **za kratke bilješke** o aktivnostima Vašeg učenja i korišćenim izvorima (resursima). Ako Vam je potreban dodatni prostor, koristite dodatni papir, ali potrebno je da bilježite samo **važne stvari**; nema potrebe za detaljnim bilješkama.

Kada se Vaše učenje kompletira (i nadamo se postigne cilj svoga učenja) ispunite preostale djelove u formi (tabela).

Dok sastavljate spisak aktivnosti izvora koje ste koristili, uključite sve primenljivo od sljedećeg:

- U živo radeonica, kurs ili konferencija
- Program učenja kod kuće
- Komunikacija sa kolegama
- Čitanje članaka
- Internet pretraživanja
- Pretraživanja literature
- Ostalo.

What gets measured, gets done!

- What's **measurable**, gets measured!
- An **individualized educational plan** to develop a pharmacist's competencies can be tailored, documented and evaluated using a **learning portfolio**, and enhanced by **commitment to change**
- **Correlate** the intervention with outcomes and impact
- **Providers and learners** must evaluate outcomes

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- ❖ Rouse MJ. Continuing professional development in pharmacy. Am J Health-Syst Pharm 2004; 61: 2069-2076.
- ❖ Wakefield J, Herbert C, Maclure M. Commitment to change statements can predict actual change in practice. JCEHP. 2003; 23 (2): 81-93.
- ❖ Wakefield J. Commitment to change: exploring its role in changing physician behavior through continuing education. JCEHP. 2004; 24:197-204.

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FORMA / TABELA: Praćenje svog učenja - Tabela 1

Naziv događaja:

Datum (kad su ciljevi učenja postignuti):

Vreme provedeno u učenju: *sati*

Cilj učenja # 1

Šta ste želeli da naučite? (Unesite Vaš SMART cilj)

Aktivnosti pri učenju i izvori

Šta ste koristili da bi postigli Vaš cilj?

Evaluacija učenja

Opišite Vaše iskustvo tokom učenja. Razmotrite sledeće:

- Šta ste naučili?

- Gdje (u čemu) su Vaše potrebe za učenjem ostvarene?
 - Potpuno
 - Djelimično
 - Nimalo (Ne uopšte)

- Ukoliko cilj Vašeg učenja nije u potpunosti ispunjen, koje izazove ili prepreke ste sreli? Šta ćete drugačije raditi u budućnosti?

- Da li su neke nove potrebe za učenjem identifikovane kao rezultat ovog iskustva učenja?

Lične beleške:

Rezultati:

Identifikuj koji se rezultat(i), mogu primijeniti na ovu aktivnost učenja

- Ja planiram da promijenim svoju praksu (navike), zasnovano na ovom učenju? (Postavi konkretne, precizne ciljeve)

- Ja planiram da obavim dodatno učenje (ili pribavim realne informacije). (Ukoliko je tako, koje, kad i na koji način / kako)?

- Rezultati (ono što ste pronašli, otkrili) potvrđuju moje znanje i vještine i trenutno nije potrebna promjena u mom učenju ili praksi.

SEKCIJA G

Sekcija G: Dokumentovanje primene sopstvenog učenja na farmaceutsku zdravstvenu zaštitu

Molimo **ubacite** odabrane (važne) primere Vaših intervencija, koje su bile deo procesa farmaceutске zdravstvene zaštite u Vašoj apoteci. Možete da uključite dokumenta kao što su:

- Neželjena dejstva leka
- Poboljšana aderenza leka
- Pregled terapije
- Lični medicinski karton pacijenta
- (Upravljanje terapijom) kao što je prevencija interakcija, poboljšanje racionalnog korišćenja lekova, praćenje rezultata promjene terapije, unapređenje rezultata liječenja,
- Rezultati javnih zdravstvenih kampanja
- Preporučene i usvojene promjene stila života
- Edukacijski flajeri i drugi materijali za pacijenta

Primer intervencije - 1

Primer intervencije - 2

Primer intervencije - 3

SEKCIJA H

Sekcija H: Sumiranje svog Pilot iskustva

Na kraju Pilot projekta, molimo Vas, sumirajte šta mislite, koje je bilo važno učenje, lično iskustvo i naučene lekcije. Uzmite u obzir neka od sledećih polja:

My Strengths (moje jake strane): Upišite polja u kojima ste jaki / samopouzđani

My Weaknesses (moja slabe strane): Upišite polja u kojima niste samopouzđani i trebate dalje razvijanje

Opportunities (mogućnosti): Opišite bilo koje mogućnosti, koje ste identifikovali za dalje sopstveno razvijanje Vašoj praksi

Challenges (izazovi): Opišite izazove koje je potrebno da savladate i bilo koje načine i izvore koje ste identifikovali, da možete da iskoristite da prevazidete ih (te izazove)

Learning (učenje): Opišite najjupečatljivije polje učenja i kako bi moglo biti primijenjeno u praksi

Impact (uticaj): Opišite na šta mislite da će Vaše učenje uticati, npr. na profesionalno djelovanje, ponašanje, usluge u apoteci, poboljšanje "reakcije" pacijenta, uključujući povećanje rezultata vezanih za zdravlje



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education and practice in Serbia
February 5, 2022

Mike Rouse B. Pharm (Hons); MPS, FFIP
Doc. dr. sc. Arijana Meštrović, MPharm, FFIP

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Learn to work
with others who
are not like you ...

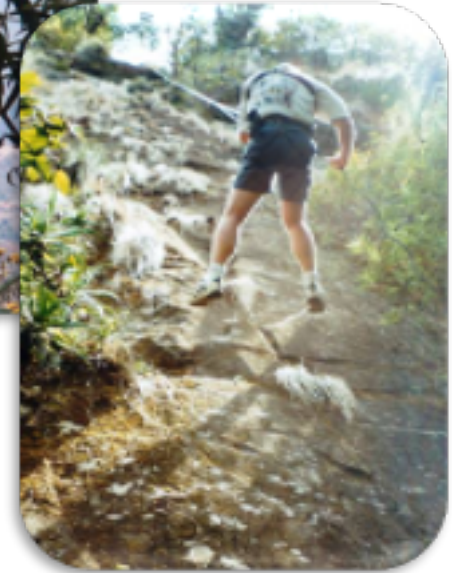
... they have strengths you don't have
& you have strengths they don't have

Photo from <http://www.pbs.org/wnet/nature/episodes/animal-odd-couples/meet-the-odd-couples/8025/>



Chimanimani Mountains, Zimbabwe,
1973

... some things are hard to find ... keep
searching



Sometimes it's
scary!

Draw on others'
experience



It's easier if you
are not alone ...





Find a
mentor

<http://ltownteacher.blogspot.com/>

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Take some chances ...

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The Participants (yes, all of them!)

International Conference on Computers in Pharmacy,
Jerusalem, Israel, 1990

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Lake Kariba, Zimbabwe

Sometimes the opposition will be large ...

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Don't always believe the "experts"

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I'm prepared to
shave off my
moustache if
necessary



No worries, mate;
with a bit of
petroleum jelly,
your
dive mask won't
leak at all. Trust me.

Great Barrier Reef,
Australia, 1988

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Langebaan, north of Cape
Town, South Africa

Sometimes progress will be slow
... and hard

... but things will change ...

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Pharmacy Museum, Basel, Switzerland

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“There are no shortcuts to any place worth going”

Beverly Sills

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Florence, Italy,
July 2013

<http://www.brainyquote.com/quotes/quotes/b/beverlysil105327.html>

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Know your strengths ... and
don't underestimate your
contribution

[http://www.examiner.com/images/blog/wysiwyg/image/strengths\(2\).jpg](http://www.examiner.com/images/blog/wysiwyg/image/strengths(2).jpg)

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Partner with people who share your vision

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Michael "Mickey" Anthony, Chairman, Medix
Group, Lake Kariba, Zimbabwe

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Sometimes
“availability” is
more important
than **“ability”**

<http://www.q-suite.com/sites/default/files/HA-redundant.png>

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