



Foundation Stage 2 Module Projects – Change Management and Therapeutic Review

**Guidance for EPDs, ESs, PSs and
Managers for choosing a suitable
project**

Author	Elaine Sharp	Issue Date	July 2016	Version	1
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Introduction and purpose of this guide

The majority of acute trusts across Kent, Surrey & Sussex will be supporting at least a few foundation practitioners (FPs) in FS2 of the commissioned PgDip programme, at any given time. Each of the two 6 month long modules has a project requirement, which carries 80% of the module credits. It is therefore vital the practitioner has a project topic which means they can meet the essential criteria for the task.

However, given the work-based nature of the Foundation Programme it is equally important that projects have impact and contribute towards positive changes within the department and organisation. They shouldn't simply be an academic exercise, they should ideally fulfil the needs of the workplace and enable the practitioner to apply learning to a relevant situation. Practitioners gain far more developmentally, when they can see in practice the impact their work has made.

This guidance aims to outline some principles for senior staff, to assist when choosing project topics. It will outline core requirements for the academic purpose of the task and make some practical suggestions to ensure projects required in the workplace will fit with these requirements.

Change Management Project – Module A

The task

The CMP is a very practical project aiming to challenge and push the practitioner's leadership skills, the majority who undertake this project have not led any change projects in the past. This should therefore be a **small and simple** change, it is not appropriate for FPs to lead a large scale project. The task works best when the FP has identified a problem on their own, within their sphere of practice. For example ward-based process problems, workflow issues etc. However, projects can also be allocated that are already part of departmental service development plans, which often double up as rotation or performance objectives for the FP.

A key requirement when identifying a suitable CMP topic, is that it must start with a **problem**

Author	Elaine Sharp	Issue Date	July 2016	Version	1
Reviewer	Isobel Bailey	Review Date	July 2018	Supersedes	-
Page 2 of 9 Copyright © 2012. Kent, Surrey & Sussex Pharmacist Foundation Programme					



Academic requirements simplified

The basic, essential requirements of the CMP are listed below, as they relate to the assessment marking schemes. You should refer to the marking scheme for the written report (appendix 1) to ensure from the onset the FP will be able to demonstrate the outcomes.

1. They must identify and define a problem. We use the SPIN technique to do this, problem analysis techniques are taught and practised in learning set 1
2. They must analyse the causative and contributing factors to the problem in depth. The write-up must include a detailed analysis of why the problem is happening. From this analysis they can then identify areas that could be targeted for potential change
3. They must identify and engage with key stakeholders. Stakeholders should provide insight during the problem analysis and be involved in choosing and appraising options for possible changes
4. They must realistically appraise options. They need to be critical; the chosen option will never be perfect and the rejected options will have strengths to them. They need to justify the chosen option with a sound argument
5. They need to implement the change and measure some kind of outcome to review the impact. Measures can be very crude, they can be quantitative and/or qualitative, depending on the change that was introduced. For example, if changing a working process, simply gathering satisfaction data from users of the new system would suffice

What works well?

Anything that is process-driven tends to work best for this task. Common themes that have made good past projects include: changes to TTO screening/collection/supply systems, addressing dispensary workflow problems, changes to meds rec processes, making medicines supply more efficient etc. What doesn't work so well is a project based around clinical decision-making (e.g. introducing new clinical practices), since this can be more ambiguous in practice and often relies on lengthy ratification processes.

Projects allocated by senior staff

You must ensure first and foremost that there is a clear problem that needs to be addressed. Often when allocating an existing project plan to an FP, you will be starting with a **solution** rather than a problem e.g. introducing a new pharmacy service, changing the way on-call is provided etc. It is essential the FP is clear what the problem is that's driving this planned change and you must support them in their analysis of the problem first, as it won't always be obvious to them. They also still need to come up with other possible change options with

Author	Elaine Sharp	Issue Date	July 2016	Version	1
Reviewer	Isobel Bailey	Review Date	July 2018	Supersedes	-
Page 3 of 9 Copyright © 2012. Kent, Surrey & Sussex Pharmacist Foundation Programme					



their stakeholders, even though it may have already been decided what the chosen change will be.

From the HEIs point of view, FPs who are given projects by senior staff can struggle to have ownership of the whole picture, they are effectively having to back-track from the chosen solution to fill in all the gaps around the problem. If allocating projects in this way, please therefore ensure the title is framed around the problem driving the change, and not the planned change itself.

CMP pitfalls to avoid

- Project is too big for the timescale - completion should be about 4 months max from start to finish. If the department has a larger scale service development, you can get the FP to run pilot on a single ward for example. Alternatively, get them to focus on one small arm of the bigger project and only discuss details from their small part of it.
- FP doesn't fully understand the bigger picture of a large-scale project - in the assessments, it is always clear when an allocated project is a bit beyond them. They can lack insight on questioning and use management jargon in their write-up that doesn't relate specifically to what they did. By getting them to concentrate just on their small bit of the project they will hopefully have a bit more ownership and clarity when it comes to defending the project in their final presentation.
- Not fully engaging stakeholders – it needs to be very clear who stakeholders are and what their input was to the problem analysis and options appraisal. As above, for allocated projects this is sometimes unclear to the FP, but they must go through this process themselves.
- Reliance on external constraints that could cause delays – funding, resources, technology, approval or ratification are examples of things that can cause delays beyond the FP's control. Due to the very short timescale for the module, projects relying on any of these factors should be avoided, if such constraints are likely to cause a problem.

Therapeutic Review – Module B

The task

The TR is a high level evidence appraisal that is much more academic in nature, it aims to challenge the FP's literature searching and analysis skills and apply them to practice. This also forms the piece of Masters level writing required for FS2, it is therefore assessing ability to write at an advanced academic level.

Author	Elaine Sharp	Issue Date	July 2016	Version	1
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Full details on how to construct the report itself are in the TR Guide in the module B area of Moodle.

The TR should be a review of drug use where evidence is lacking or practice sits outside of normal guidelines. As for the CMP, ideally the FP will identify an issue to evaluate from their own area of clinical practice, however topics can be allocated as part of rotation objectives, or to gain experience with producing a formulary application. The topic can be based on an individual patient case or a small cohort of patients.

A key requirement when identifying a suitable TR topic, is that there must be at least a small amount of **original research** available

Academic requirements simplified

The basic, essential requirement of the TR are listed below, as they relate to the assessment marking schemes. You should refer to the marking scheme for the written report (appendix 2) to ensure from the onset the FP will be able to demonstrate the outcomes.

1. They must identify and define a problem, where a drug/drugs are being used in an unusual way (e.g. unlicensed, outside of best practice). They also have to present a clear reason for doing the review, this can be a real patient case/cohort of patients, occasional local practice, a safety issue, cost issues or could be something that has been requested as a formulary application
2. They must perform advanced literature searches. Clarifying PICO parameters and searching skills are covered in learning set 1, however FPs will have varying experience or ability in this area. Support should be given if necessary. They must use suitable key words and apply limits in a systematic way
3. They must choose suitable original studies to be included in their appraisal and justify their choices, of which studies they have included for review and why they have rejected the exclusions. There needs to be a sound argument for this
4. They must appraise the chosen studies using a suitable CASP tool. Appraisal skills are practised at learning set 1. FPs should try to find the highest quality evidence and should choose a tool that matches the design of study being reviewed
5. From their appraisal, they must assess the appropriateness of the drug use and relate it back to the patient(s), taking into account all patient, drug and cost-effectiveness factors. Conclusions should match the outcomes of their evidence appraisal

Author	Elaine Sharp	Issue Date	July 2016	Version	1
Reviewer	Isobel Bailey	Review Date	July 2018	Supersedes	-
Page 5 of 9 Copyright © 2012. Kent, Surrey & Sussex Pharmacist Foundation Programme					



What works well?

Any clinical subject area can work for this task. New drugs or unlicensed indications of existing drugs work very well. It is sometimes acceptable for FPs to review something that has been subject to regional/national review, provided they are conducting their own searches and appraisal, and applying it to the context of their unique patient cohort. They cannot simply re-do what has already been evaluated.

Projects allocated by senior staff

You must ensure there is suitable literature for the FP to be able to appraise. Although they will conduct their own searches, they may not be experienced enough with searching to capture everything, senior staff will likely have more awareness of the literature and should ensure the FP hasn't missed anything valid. Since part of the assessment involves relating the evidence appraisal back to the patient(s), if allocating a topic you must also ensure the FP is aware exactly who the patient cohort is, and under what circumstances the drug is being used.

TR pitfalls to avoid

- Not outlining a problem or reason to do the TR – there should be a justifiable cause for doing the review. Can be for reasons of safety, cost, formulary or simply that prescribing doesn't fit with best practice.
- Using the wrong tool to appraise the chosen evidence – in the learning set a randomised-controlled trial tool is used, FPs need to be aware this can only be used for RCTs and isn't suitable for cohort studies, for example.
- Not explaining why the appraised articles were chosen from the data set – jumping from 20+ results found from literature searches, down to 2-3 included articles, needs to be justified with good reasons.
- Cost-effectiveness considerations – where it will not always be possible to fully examine cost-effectiveness, FPs need to evaluate some of the patient outcomes that would be factored in to costs. A cost-comparison between 2 treatments does not count as cost-effectiveness and should not be presented as such.
- Referencing and academic writing style – background information needs to be formally referenced using one of the recognised systems. There is no excuse for getting this wrong at postgraduate level, there are plenty of online tools signposted in the course handbooks FPs can follow. Writing should be aiming for publication level, all guidance such as word counts must be strictly adhered to

Author	Elaine Sharp	Issue Date	July 2016	Version	1
Reviewer	Isobel Bailey	Review Date	July 2018	Supersedes	-
Page 6 of 9 Copyright © 2012. Kent, Surrey & Sussex Pharmacist Foundation Programme					



Appendix 1. CMP report marking scheme

KSS Foundation Pharmacist Programme Stage 2: Module A

Practitioner: _____

Date: _____

Change Management written report

Aspect	Context	Marker Comment	Mark allocated	Mark awarded
Issue clearly described using SPIN or equivalent	Includes relevance of topic, why change needed		5	
Problem Analysis	Use of Fishbone analysis or similar. Generates a discrete problem to be tackled. Reflects on why chosen		20	
Option development and analysis	Stakeholders identified and involved in option generation and option analysis. Appropriate criteria used in option analysis		20	
Change strategy	Clear reasons for option chosen. Takes into account practicalities including resource		10	
Improvement measure	Appropriateness, ease of use, application		10	
Change implementation	Clearly described, impact on chosen improvement measure, reflection & learning from implementation		20	
Overall	Coherent, concise explanation of strategy, insightful reflections, overall grasp of issues, challenges etc		15	

Marker.....

Overall mark awarded.....

Moderation.....

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Appendix 2. TR report marking scheme

Therapeutic Review – Written Report Marksheet

Practitioner Name			Date
Yes	Partly	No	Background:
			Introduced therapeutic problem well
			Patient case or relevant patient cohort used to set the scene
			Clear to see what the 'problem' was
			Description of the literature and search guidelines:
			Search terms used clearly stated
			Breadth of search appropriate
			Reproducible search described
			Appropriately applied limits to identify relevant publications
			Clear description of current guidelines/evidence to be included in the review
			Critical review of the literature:
			Critical review of guidelines
			Critical evaluation of the literature, not just descriptive
			Applied principles of CASP tools when reviewing, relevant for the type of study/literature
			Included cost-effectiveness analysis
			Related to the patient(s)
			Clearly structured review
			Appropriate conclusions drawn
			Recommendations:
			Representative of the literature
			Includes patient perspective and considers adherence, tolerability etc
			Logical
			Appropriate
			Written report:
			Clearly written with appropriate standard of academic English
			Logical and broken down into appropriate sections
			Well presented
			References cited correctly
			Trial data/case reports clearly presented
Points done well:			
Areas for improvement:			
Assessors' signatures:			Final mark (%)

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Grading system (adapted from JPB)

Grade	% Mark Range	Description
Distinction - Excellent	80-100	Work which displays a full understanding of its subject. A firm grasp of factual detail and the relevant theory, experiments and literature: it is clearly argued and presented, with evidence of insight and excellent originality of thought and expression and in addition evidence of intellectual vigour and independence of judgement. The work will demonstrate excellent critical evaluation and integration of current complex material.
Distinction	70-79	Work which displays a full understanding of its subject. A firm grasp of factual detail and the relevant theory, experiments and literature: it is clearly argued and presented, with evidence of insight and very good originality of thought and expression. The work will demonstrate very good critical evaluation and integration of complex background material from other aspects of the course and independent sources.
Merit	60-69	Work in this range will show a thorough grasp of the topic and will be clearly argued and presented. It will show a good awareness of the relevant theory, experiments and literature, without fully achieving that intellectual independence and originality that distinguishes first class work. The work will demonstrate good critical evaluation and integration of complex background material from other aspects of the course and independent sources.
Pass	50-59	Work in this will show a satisfactory knowledge but may be weak in its interpretation of the subject of have poor structure. The work will demonstrate only competent critical evaluation and integration of complex background material from other aspects of the course and independent sources.
Marginal Fail	40-49	Marks in this range will be awarded for work which is conversant with the subject but has failed to make meaningful synthesis. It will have some shape but contain significant errors.
Fail	<40	A distinct fail on grounds of factual accuracy, relevance and argumentation of material, very little substance appropriate for masters level.

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