Learning and Evidence Collection in PMST

Evidence collection always generates a huge amount of discussion and the intention of this article is to dispel some of the myths and give clear guidance to PMST trainees.

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Learning Experiences and Reflective Practice

Every day, everyone has experiences which enable them to learn something new. In pharmaceutical medicine, *learning experiences* cover a spectrum of activities from large projects through smaller projects, individual contributions to a project team, a single piece of work, organising or running a clinical trial, working on a development plan or a risk management plan, contributing to a marketing plan, writing a protocol, teaching, participating in formal or informal training, attending meetings, having discussions with colleagues, using Internet resources, reading and many other activities. Thus, a *learning experience* does not need to be a specific learning/teaching event but can be any of an infinite number of projects, activities and encounters which provide something from which to learn.

However, these new experiences need to be internalised before true learning can take place. *Reflection* is the way in which learning is categorised and internalised and reflective practice is an integral part of PMST. A written *reflective commentary* is required to demonstrate your learning in PMST.

Always consider your learning experience as the first step in PMST. Reflect on your learnings and see where they fit the curriculum (this may be several places). Write your reflection to demonstrate how your learning contributes to your competency in this/these area(s).

Curriculum Terminology

In the past, one contributing factor to any uncertainty about evidence collection has been the use of historical and/or loose terminology. It is therefore important to use terminology specifically as intended in the curriculum:

Module – exactly as set out in curriculum, e.g. Medicines Regulation (RGN), Clinical Development (CLD) etc.

Item – module sub-divisions, e.g HMP 8. Each Item objective defines the *competency* being evaluated and as such, it is of key importance to PMST.

Topics – the bulleted points within each Item (numbered paragraphs in PMST-1 curriculum 2007). In PMST-2 curriculum 2010, the bulleted

topics may be regarded more as *examples* of applied knowledge, skills and behaviours which in combination define the competency. Each project, activity or other learning experience is likely to cover a number of topics which commonly can be spread across a number of items and/or modules.

Evidence – pieces of evidence of competency or development saved in the trainee's training record (e.g. in the personal library of the the e-portfolio). One learning experience may require several pieces of evidence to be linked to it to provide an overall picture, e.g. an e-mail trail, the title page of a document, a reflective commentary, one or more PMATs and a PbD (workplace-based assessments) may all be required to provide evidence for one learning experience.

Remember, the key to PMST is the competency, defined as the objective of each item.

Evidence Requirements

a. Breadth of coverage

There needs to be a number of learning experiences which cover each competency (item). Note that not every topic needs to be covered because the competency is defined by the item and 'sign-off' is based on demonstrating satisfactorily the achievement of the competency.

Depending on quality and coverage, usually the number of learning experiences per item will be about 3 or 4; sometimes this might be 5, 2 or even 1. As already mentioned, most learning experiences will provide evidence of competency in more than one individual item and may span more than one module.

There is also a matter of judgement (discuss with your Educational Supervisor [ES] as it cannot be written down!) as all topics are not equal. It is usually fairly obvious which are the important ones and which are less important – this importance level is reflected in the amount of evidence needed to cover it.

b. Workplace-based assessments (e.g. PMATs and PbDs)

A number of PMATs (pharmaceutical medicine assessment tool) and PbDs (project-based discussion) are required each year to be included as evidence. The PMAT is intended as a 'snapshot in time' assessment of an individual part of a project; it is a point assessment of competency that is specific, observable and scoreable. The PbD is much wider and was developed as the assessment for an overall discussion about a large or complex project (e.g. clinical development plan, product launch support, risk-management plan, MAA evaluation), at a more project management and organisational level than the PMAT.

There may be a number of PMATs associated with a project (and thus with a PbD) but only one PbD. (By way of analogy, think of a project to publish a recipe book. PMATs are applied to individual recipes - are the ingredients available, did the recipes work? - whereas the PbD discusses the recipe book itself, whether it comes together into a good publication, what obstacles were overcome in its production, etc?)

c. Reflective Commentary

This is required to demonstrate your learning. Be sure to state what you did personally, what you learnt and how this will affect what you do in future (including influencing your future learning). A learning experience would normally be the smallest unit to which a reflective commentary would be expected to apply.

Because a learning experience can support topics in more than one Item and sometimes more than one module, it is important for the reflective commentary to be clear which items (i.e. competencies) have been reflected upon. This could be done using separate well-labelled sections within the one reflective commentary (perhaps where reflective commentary is part of a PMAT or PbD covering a more complex piece of work, project etc) or it could be done as separate reflective commentaries for each item.

d. Faculty-Approved External Module Courses (EMC)

Evidence will need to include the letter/

certificate saying you have a satisfactory outcome from an EMC. A short reflective commentary (e.g. a paragraph or two) on the course overall is recommended as it will be useful to help internalise your learning and provide you with a lasting record. Similarly, it is useful to upload your assignments into your e-portfolio.

Your ES will also need to discuss the course and your reflection with you to ensure that you demonstrate the maturity, reflectiveness and insight to satisfy the competency requirements of the curriculum before signing off the module.

e. Interactive Courses / Item Taught Courses (ITC)

Your ES will need to assess your learning from an ITC, which you have both agreed was a fit-for-purpose, though not Faculty-approved, course to cover a module Item or Items.

For PMST purposes, these short courses (in-house or external) should be treated like any other (in-work) learning experience. Evidence of satisfactory performance of any assessments or assignments should be provided, as should any assignments themselves. A reflective commentary is essential, as is a discussion with your ES to demonstrate that you have achieved the appropriate level of competency.

Use the personal library in your e-ortfolio as a repository for evidence of all your learnings and link them to the module Items. Use the e-portfolio template 'Reflection on Learning Event' for your reflective commentaries on learning experiences, and link them to the module Items where possible. These records will provide value far beyond your PMST.

The Figure provides an example of how different learning experiences can be used to demonstrate a particular competency (module item).

Finally, keep the items linked to the curriculum in your e-portfolio relevant and well-labelled. First impressions are of utmost importance. Demonstrate that you are making smooth progress and signing off Items on an ongoing basis. Evidence needs to be good quality; take care not to link one simple piece of work to a myriad of items unless clearly justified.

In conclusion, engage with your learning experiences for PMST and they will provide you with many years of professional and personal benefit. Most of all, make the most of your opportunity and enjoy your training!

About the authors

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FIGURE: PUTTING IT INTO PRACTICE

A worked example for Item 2 from the Healthcare Marketplace (HMP) module showing complete coverage of all topics from a trainee's learning experiences and associated evidence (boxes below). Shading indicates the topics covered by each learning experience.

This level of coverage would only be feasible for a trainee working in medical affairs with HMP as a core module.

ITEM HMP 2: Understand key elements involved in medical-marketing communication in the healthcare environment, to explain how relevant and legally compliant materials and activities are developed, and to recognise the importance of compliance with regulation in this context.

Applied Knowledge	Skills	Behaviours
Process involved in preparation and production of legally compliant documentation to support medical-marketing activities.	Construct medical marketing materials/documents appropriate for audience and consistent with strategic direction for promotion of medicine: briefing documents; presentations and publications; therapeutic training to medical representatives and other non-medically qualified staff; materials for communications e.g. publications /presentations made by third parties.	Recognises importance and challenges of operating within a legal framework for medical-marketing communication and consequences of non-compliance.
Relevance of targeting materials to appropriate audiences e.g. journals / conferences, and ensuring consistency with commercial messages.	Evaluate a range of medical marketing materials for scientific accuracy, legal and regulatory compliance and comprehension by reader.	Recognises importance of ensuring compliance of all product-related documentation with content of SmPC.
Product information legislation and guidance with reference to UK Medicines Act and Code of Practice for Pharmaceutical Industry.	Analyse selected materials and activities e.g. media communications, professional and public relations, pre-launch activities, with regard to scientific, educational and promotional content.	Recognises importance and consequences of differentiating medical communications as promotional within a defined therapeutic area and of need for such communications to be marketing orientated.
Breadth of medical-marketing activities and materials, how to determine whether they are promotional and when and how they should be assessed for legal / regulatory compliance.	Ensure a balanced perspective (safety and efficacy) is evident in medicine promotion and communication.	Recognises how marketing research and profiling data can contribute to effective promotional activities and constraints of regulation in this context.
Marketing research and profiling in context of regulations with regard to: competition in healthcare market; segmentation of customers and markets; customer targeting; methods of promotion.	Able to create alternative texts for advertising and promotion.	Recognises contribution and constraints of marketing data in promotion of medicine.
Activities of public and professional relations companies.	Lead colleagues to a legally compliant and ethical position on "grey area" promotional decisions.	

TRAINEE'S LEARNING EXPERIENCES & EVIDENCE

Reviewing marketing materials	Attending PMCPA Code of Practice course	Providing medical support to brand team
Examples of range of materials reviewed,with trainee's annotations.	Agenda and handouts with trainee's notes.	Notes about market research project and PR activity from marketing planning meetings.
PMAT assessment conducted by experienced medical signatory.	Workshop scenario with trainee's notes.	Product training presentation delivered by trainee on rep ITC with TO conducted by training manager.
Certificate of company training on approval process with reflective notes.	Reflective commentary on learning from the day.	E-mail trail containing discussions and trainee's advice about use of data from pivotal study where population not identical to UK licence.