“I thought I was doing a Great Job?” Providing Effective Criteria-Based Feedback
Chanel F. Whittaker, PharmD, BCPS, FASCP
Director, PGY-2 Geriatric Pharmacy Residency
Teaching Excellence Day
7/29/2021

Session Objectives
• Outline a structured process for providing criteria-based feedback in a learning experience.
• Evaluate effectiveness of written preceptor feedback.
• Given a final summative evaluation be able to demonstrate strategies to promote dialogue and communicate with empathy when providing feedback.

Awkward

The evaluation and feedback process begins at orientation

1 SCHEDULE A TIME TO REVIEW EXPECTATIONS BEFORE THE EXPERIENCE STARTS
2 PAINT A PICTURE OF “ACHIEVED”
3 NO SURPRISES

Paint a picture of “Achieved”

Who?
What?
When?
How?

Evaluation Rubric and Definitions
PGY-2 GERIATRIC PHARMACY RESIDENCY EVALUATION RUBRIC
GOAL: INDEPENDENT GERIATRIC PHARMACY SPECIALIST

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Needs Improvement</th>
<th>Satisfactory Progress</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range of Learner Behavior</td>
<td>Minimal – Developing</td>
<td>Competent</td>
<td>Mastery</td>
</tr>
<tr>
<td>Preceptor Trust/Delegation</td>
<td>Level 1-2</td>
<td>Level 3</td>
<td>Level 4</td>
</tr>
</tbody>
</table>
Example Goal, Objective, Activities

Goal R1.1 In collaboration with the health care team, provide comprehensive medication management to [patients] following a consistent patient care process.

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.

- Establish a rapport with patients, their families and/or caregivers
- Perform counseling for patients, their families and caregivers
- Perform medication history on assigned patients

How can these activities be further tailored to better reflect your learning experience and resident expectations?

Example Expected Progression for Residents

<table>
<thead>
<tr>
<th>Level of Expected Progression/Delegation (Week 3)</th>
<th>PGY – 1 Pharmacy Practice Resident</th>
<th>PGY – 2 Ambulatory Care Pharmacy Resident</th>
<th>PGY – 2 Geriatric Pharmacy Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 delegation: Research and Report.</td>
<td>Level 2 delegation: Research and Recomm.</td>
<td>Level 2 delegation: Research and Recomm.</td>
<td></td>
</tr>
<tr>
<td>Conduct visit, document note and encounter for 1-2 “simple-single” patients. Assist fellows with 1-2 patient consults.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1 delegation: Research and Report.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standard 4.8: Preceptor Qualifications

- 4.8.b. the ability to assess residents’ performance;
- Guidance: Preceptors provide specific, constructive criteria-based verbal feedback to residents during learning experiences and the end of learning experiences to assist residents in improving their performance. Formative written feedback to residents may be provided, if needed, during learning experiences and written summative feedback is provided at the end of learning experiences.
Anatomy of an Effective Preceptor Comment

What skills were focused on during the experience? What qualitative information should be documented (not “what was done” but “how it was done”)?

How did the resident improve on known weaknesses? How can he/she continue to improve or what actions should be taken (eg, on the next rotation) to stimulate future improvement?

What new areas for improvement were identified (if any)?

How can observed strengths be reinforced?

What skills should be the focus for future rotations and learning experiences?

Can the documentation lead to future improvement in resident skill? Does the commentary (or the language used) direct future improvement in skills, attitudes, and abilities of the resident?

Preceptors Comments, Effective? Or Needs Improvement

<table>
<thead>
<tr>
<th>Preceptor Comment</th>
<th>N: 39 A: [and why]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident needs to be more organized with data collection.</td>
<td></td>
</tr>
<tr>
<td>You seem to be struggling with multitasking. Make a list of your responsibilities and research some time management strategies, and we will discuss. Future preceptors may have additional insight; I encourage you to discuss with them.</td>
<td></td>
</tr>
<tr>
<td>Your presentation was well; you appeared comfortable and received mostly positive evaluations.</td>
<td></td>
</tr>
<tr>
<td>Consider what you would do if the SCV value drops (and renal function improves). At what level would adjustments need to be made and with which agents? What is the most effective way to make dosage adjustment recommendations?</td>
<td></td>
</tr>
<tr>
<td>Resident has improved immensely in working independently, however, there were too many distractions this month from interviews and meetings.</td>
<td></td>
</tr>
<tr>
<td>Missing pertinent information from previous notes that is relevant to the visit (eg. Recent PCP visit or care transition not reported in HPI, incorporated into therapeutic plan). It is important for you to re-evaluate level of disease control, appropriateness of drug therapy and include in your presentation/notes so that it is evident that it is consistently being done.</td>
<td></td>
</tr>
</tbody>
</table>

Providing Action - Oriented Written Feedback

KEEP

IMPROVE

START

STOP

Seriously!

• A resident who is finishing your ambulatory care experience this week mentions in passing that they are looking forward to the evaluation because they felt that they did “great”. However, from your perspective, the resident has not performed well. You have not been present at the evaluation because you believe that at this level the resident should know better.

• During interviews, the resident is not on task but gives the impression of being disinterested and is always checking their phone.

• The resident finishes most visits within 8-10 minutes, regardless of how complex the patient is. The preceptor usually needs to return to the room to request additional information before developing an assessment and plan.

• Although the resident calls or text in a timely manner, they have been late to clinic several times. When they arrive, clinic has already started and the resident is flustered trying to quickly review the notes before seeing the patient.

On a scale of 1 to 10, how well do you tend to handle difficult conversations?

Fight or Flight

1 10

Open and Effective

What is the story that you would be telling yourself about this resident?
Let’s get ready to rumble!

Empathy is the ability to tap into our own experiences in order to connect with an experience someone else is relating to us. Compassion is the willingness to be open to the process.

Brene Brown

How would you provide verbal feedback to the resident about their performance?

Summary

Paint a picture of “achieved”

Well-developed activities and progression expectations provide much of the content for criteria-based feedback.

Written feedback should provide answers.

Practice clarity, dialogue, and empathy when providing verbal feedback.

“I thought I was doing a great job?”

Providing Effective Criteria-Based Feedback

Chanel F. Whittaker, PharmD, BCOP, FASCP

Director, PGY2 Geriatric Pharmacy Residency Teaching Excellence Day 7/29/2021