

**University of Maryland School of Pharmacy**  
**Department of Pharmacy Practice and Science**  
**Policy and Procedures**  
**Faculty Practice Evaluation — Qualitative Assessment**

- I. **Purpose of Qualitative Assessment:** While quantitative measures (e.g. # of hours spent in clinical practice, # of patients seen, # of interventions) are a useful way to examine faculty PRODUCTIVITY, these measures are not a substitute for examining the QUALITY and IMPACT of the practice-related activities of the faculty (as well as the residents and students under his/her direct supervision). The primary purpose of the faculty practice evaluation plan is to provide individual faculty and departmental administrators with information to advance practice-related activities, enhance grant opportunities, augment annual reviews, and foster self-reflection. Information gathered from this process may be (electively) used to provide data to support a faculty member's candidacy for promotion as part of the clinical practice portfolio. Moreover, the data may supplement other information provided to supervisors/key players at the clinical practice partner site.
  
- II. **Sources of qualitative data:** Qualitative data should be collected from a breadth of key individuals who interact with the faculty in the practice environment on a regular basis. These individuals may include a pharmacist or physician supervisor, pharmacist and physician colleagues, nurses and other health professionals, as well as administrative staff. Ideally, feedback should be sought from individuals that work with the faculty member every day (or every time the faculty member is present at the practice site) as well as the recipients of the services (e.g. physicians who have received written consultation reports). While some faculty provide clinical services in relative isolation, most practice in a setting where they are a member of a team or where the supervisor can easily observe the clinician's practice activities. None-the-less, while direct observation of the faculty member's activities is preferred, health records and other sources of written documentation can be used to support the judgments rendered by evaluators. Data for a qualitative assessment should be collected from multiple sources. Input from more than one person should be sought. Moreover, whenever possible and practical, input from all levels of the organizational structure (e.g. supervisors, peers, and subordinates) should be sought. At least 3 individuals should be asked to complete an evaluation instrument. Data from these sources will be aggregated.

The faculty member is responsible for providing the Vice Chair for Clinical Practice a list of at least 3 individuals (but no more than 10) who can provide qualitative feedback regarding the faculty member's activities at EACH practice site (aka Practitioner Feedback List). The Practitioner Feedback List will include the name, title, e-mail, and telephone number of each person listed. The faculty member is responsible for notifying individuals included on the Practitioner Feedback List regarding the general nature of the PPS qualitative assessment process and that their name (and contact information) has been forward to the Vice Chair of Clinical Practice. The Vice Chair of Clinical Practice will request feedback from selected individuals on the Practitioner Feedback List.

- III. **Frequency of data collection:** Generally, it is beneficial for faculty who are joining or starting a new practice to solicit feedback regarding their performance more frequently than faculty who have a well-established presence and long-track record of contributions in their practice. For those faculty initially joining an existing practice, starting a new practice, or assuming a substantially different practice role, a qualitative assessment will be conducted in the first 6 months and then annually thereafter for a period of 3 years. Starting in the 4<sup>th</sup> year of practice at the practice site (and in a substantially similar practice role), a qualitative assessment will be conducted every other year.
- IV. **Data collection method:** An anonymous, web-based survey will be distributed to at least 3 individuals on the Practitioner Feedback List. The invitation to complete the survey will be sent by the Vice Chair of Clinical Services. The faculty member is responsible for informing all individuals on the Practitioner Feedback List regarding the qualitative assessment process and the approximately time frame when a request for feedback will be received from the Vice Chair for Clinical Practice.
- V. **Data analysis:** The Vice Chair for Clinical Services is responsible for collecting and analyzing data received through the qualitative assessment process. This includes tabulating basic descriptive statistics (when appropriate) and collating a summary of comments. Comments may include those received in writing or orally.
- VI. **Reporting.** The Vice Chair for Clinical Services is responsible for drafting an “internal” report to be simultaneously distributed to the faculty member and Department Chair. This report is to be reviewed and discussed during the annual review process. The Vice Chair for Clinical Services, the Department Chair, or the faculty member may elect to draft an “external” report that summarizes key quantitative data and qualitative findings. The “external” report is intended for the site supervisor and other key players at the practice site OR other external audiences. The purpose and contents of the “external” report is substantially different than the “internal” report. The “external” report is typically intended to highlight achievements and the value of the faculty member’s services. However, in some cases, as deemed necessary by the Vice Chair for Clinical Services and/or Department Chair to maintain and preserve the practice partnership relationship, significant performance problems may be identified and addressed in the “external” report.
- VII. **Qualitative Data Elements:** The qualitative evaluation survey instrument will collect information regarding the faculty member’s performance in four functional domains: 1) Professionalism / Interprofessional Communications; 2) Contributions to Patient Care; 3) Contributions to the Practice / Institutional Mission, and 4) Leadership and Innovation.

Adopted: March 7, 2012

**University of Maryland School of Pharmacy**  
**Department of Pharmacy Practice and Science**  
**Faculty Practice Evaluation — Checklist**

**Sources of Qualitative Data:**

- Ask 3 to 6 individuals who interact with you regularly at EACH practice site if they are willing to complete the structured evaluation (October/November). This can include physicians, nurses, pharmacists, clerical staff, and others. Individuals who are the recipients of your written consultations are also appropriate candidates.
- Explain the purpose of the evaluation and the importance of their feedback to you.
- Inform your evaluators that an e-mail will be sent by the Vice Chair for Clinical Services with a link to complete an anonymous online survey if selected by the Vice Chair to participate.
- Provide the Vice Chair of Clinical Services with the names and contact information (title, e-mail address, and telephone number) for each of the individuals you have asked to participate (September/October).

**Frequency of Data Collection**

- New Practice (e.g. < 3 years in practice role) – at 6 months and annually for 3 years
- Established Practice (e.g. > 3 years in practice role) – every 2 to 3 years

**Data Collection Method**

- E-mail link to web-based survey sent by Vice Chair for Clinical Services (October/November)
- Spontaneous oral comments provided to Vice Chair for Clinical Services

**Data Analysis**

- Vice Chair for Clinical Services compiles data and tabulates information using simple descriptive statistics (January/February)

**Reporting**

- Vice Chair for Clinical Services drafts an internal report for the faculty member and Department Chair (February/March)
- An external report may be distributed to practice site supervisor at the discretion of the faculty member, Vice Chair for Clinical Services, or Department Chair

**Qualitative Data Elements**

- Professionalism / Inter-professional Communications
- Contributions to Patient Care
- Contributions to the Practice / Institutional Mission
- Leadership and Innovation

**University of Maryland School of Pharmacy**  
**Department of Pharmacy Practice and Science**  
**Faculty Practice Evaluation — Qualitative Survey**

**Name of Faculty Member:** [Faculty Member]

**Your Name:** [Name of Respondent]

**Instructions:** [Faculty Member] has indicated that you are an individual who can provide feedback regarding his/her performance as a pharmacy practitioner. We are asking you to complete this survey. It will take approximately 5-15 minutes of your time, depending on how many comments you choose to write. There are at least 2 other individuals being asked to complete this survey. Your responses will be held in confidence and aggregated (summed together) with the other individuals who respond to this survey. The information you provide will help [Faculty Member] become a better pharmacy practitioner.

Think back over the past 6 -12 months. Based on your personal interactions with the [Faculty Member], your personal observations of the [Faculty Member] interacting with others (e.g. other health professionals, trainees, supervisors, or patients), the documents [Faculty Member] has authored, emails [Faculty Member] have sent, or presentations [Faculty Member] has given, please rate your level of agreement with the following statements using the following scale:

- 0 – Not applicable; No basis for evaluation
- 1 – Performance in this area **MUST** improve
- 2 – Performance in this area **SHOULD** improve
- 3 – Performance in this area **COULD** improve
- 4 – Performance in this area is acceptable and consistent with professional norms
- 5 – Performance in this area is exemplary

**Domain 1: Professionalism / Inter-professional Communication**

[Faculty Member] is committed and accountable (e.g. available when on service during scheduled times; communicates absences well ahead of time; coordinates service coverage when absent; honors and completes assigned duties).

[Faculty Member] acts with honesty and integrity (e.g. is truthful, keep's his/her word, admits error).

[Faculty Member] acts in a time sensitive manner (e.g. reports to duty and meetings on time; responds to requests for information on or before the due date).

[Faculty Member] interacts with others in a respectful, courteous manner.

[Faculty Member] effectively collaborates with other caregivers to enhance the quality of care.

[Faculty Member] is an effective clinical educator (e.g. engages learners at all levels of development; demonstrates commitment to helping all learners succeed, regardless of professional background; regularly participates in inter-professional educational activities).

**Domain 2: Contributions to the Practice / Institutional Mission**

[Faculty Member] regularly participates and makes meaningful contributions to committees AND/OR department/service meetings.

[Faculty Member] participates and assists with the design, development, and implementation of service-wide initiatives (e.g. policies and procedures; protocols; care pathways; documentation systems; formulary management initiatives)

[Faculty Member] is an institutional ambassador (e.g. the faculty member speaks of their association with the institution in a positive manner; perceptions of the institution are enhanced through its association with the faculty member; prideful association)

**Domain 3: Contributions to Patient Care**

[Faculty Member] influences the appropriate use of medications (e.g. actively participates in patient care rounds OR provides direct patient care services or BOTH)

[Faculty Member] proactively identifies and resolves medication-related problems (e.g. without prompting, identifies medication-related problems and takes action to resolve them)

[Faculty Member] independently evaluates patients' response to medication therapy (e.g. monitors patients to determine whether the therapeutic goals are being achieved; detects the presence of adverse effects).

**Domain 4: Leadership and Innovation**

[Faculty Member] is an influential member of the interdisciplinary team (e.g. thoughts and opinions are sought; considered a highly credible source; provides thoughtful guidance)

[Faculty Member] demonstrates leadership (e.g. takes initiative to make positive changes in practice; influences others to adopt changes; articulates a clear vision of what's important and why change is needed)

**Comments - Kudos or Suggestions for Improvement for [Faculty Member]:**

**Comments – Suggestions for new services or practice-related needs that [Faculty Member] might address**