

Preceptor Education: Giving Effective Feedback

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Disclosure

- *We have had no financial relationships over the past 12 months with any commercial sponsor with a vested interest in this presentation*

Objectives

- Define elements of quality feedback
- Explain appropriate documentation including what should and needs to be documented on student performance
- Understand the importance and meaning of feedback
- Develop an approach for giving effective feedback

Student Perspective

- If you were a student what would your preceptor tell you?
- How would you like to receive feedback?
- What type of information would you like to receive?
- What would be the ideal setting be?
- When would you prefer the feedback occur?
- Do you feel comfortable giving a self-assessment as part of the feedback process?

Feedback

- Basic teaching method used in clinical settings
- Based on a foundation of trust between the preceptor and the learner
- Critical element of learning
- Goal is learner improvement
- Re-enforce appropriate behaviors/knowledge
- Correct deficiencies
- Two-way communication

Feedback

- Ongoing process
- Formative
 - Based on student performance of specific abilities
 - Detailed, objective
- Frequent
- In person
- Small doses – conveys information
- Indicate when then/how you will provide
- Label it
- Allows learner to critique their performance
- Goal – become a self-evaluator and motivator
 - self-assessment is key to life-long learning

Importance of Feedback/Evaluations

- Accrediting bodies (ACPE, ASHP)
- Students and residents deserve feedback
- Evaluations document global performance and accumulated feedback
 - Especially noted improvements
- Preceptor professional growth/development
- Ongoing communication between preceptors

Without Feedback

- Poor performance doesn't improve
- Good performance is not re-enforced
- Learner assumes everything is good
- May get feedback from others that is not accurate

Without Feedback

- Lack of progress during the experience
- Learner will not learn to value this process
- May not learn to deal with critiques
- Lost professional development opportunities

Feedback vs. Evaluation

- Feedback
 - Typically informal setting
 - Formative and descriptive in the comments
 - Process oriented, specific performance
 - Continuous
 - Not graded
 - Typically occurs during the instruction/teaching process to adjust ongoing learning/performance to help them improve
- Evaluation
 - Formal setting
 - Summative, evaluative
 - Global performance
 - Periodic – mid-point, final (grade)
 - Measures achievement of competence in skills, knowledge, performance

Feedback vs. Evaluation

Feedback	Evaluation
Informal	Formal
Formative/descriptive	Evaluative
Process or specific performance	Achievement of competence
Continuous	Periodic/scheduled
Not "graded"	"Grading"
Real-time	Summative

- CRITICAL that evaluation content NOT be new information
- No surprises

Types of Feedback

- Positive – focus on affirming the student's strengths and reinforcing the positive behaviors
- Constructive or Developmental - focus on improving the students skills and behaviors, grow in knowledge

Two Sides of Feedback

- Giving feedback
 - Good feedback has a purpose: "to give the people receiving the feedback more perspective and to help them improve"
- Bad feedback
 - Damage relationships
 - Lower self esteem
 - Decrease quality of work
- Receiving feedback
 - Remain positive
 - Open to feedback
 - Actively listen
 - Clarify

Hills L. *J Med Pract Manage.* 2010

Excellent Preceptors

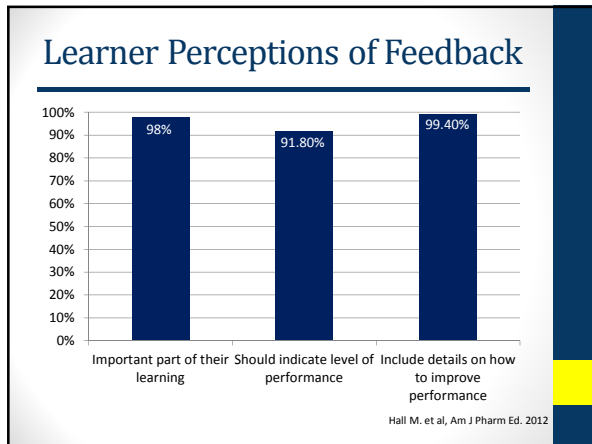
Student Perceptions	Preceptors Responsibilities
"Showing interest in teaching"	Primary focus is student learning and application of knowledge
"Relating to the student as an individual"	Mutual cooperation and respect
"Serving as a role model"	Expected to instill and demonstrate principles of professionalism and ethics
"Encouraging student participation in discussion & problem-solving exercises"	Develop an environment where mutual learning can occur Evaluate and determine competence through observation, discussion and evaluation

Young S. *Am J Pharm Educ.* 2014

Excellent Preceptors

Student Perceptions	Preceptors Responsibilities
"Being readily available to answer questions"	Students are encouraged to ask questions
"Giving good direction and feedback"	Evaluate student progress at regular intervals and share those observations with students in a private and appropriate manner
"Having a well-organized practice experience"	Orientation – general outline, schedule
"Spending time with students"	Identify an acceptable replacement if the preceptor is absent

Young S. *Am J Pharm Educ.* 2014



Preceptor Challenges

- > 90% of preceptors felt comfortable doing performance evaluations and providing clear and effective feedback
- Residents identified "providing effective feedback to the residents" as a top challenge for preceptors (86%) while only 11% of preceptors identified this as a top challenge
 - 57% felt preceptors gave effective verbal feedback and written feedback
- Why the disconnect?

Hartzler ML et al, Am J Health-Syst Pharm 2015

Preceptor Challenges

- Top 5 ranking of characteristics of effective preceptors by residents
 - "Teacher" was #1 for being listed first and #1 for being included on the list
 - "Provides feedback" was #2 for being included on the list and #3 for being listed first behind "effective communicator"

Hartzler ML et al, Am J Health-Syst Pharm 2015

“Why didn’t I get feedback?”

- Many reasons for lack of feedback delivery by preceptors
 - I’m too busy
 - I missed the opportunity/It’s too late now
 - Maybe I’m being too picky
 - I don’t have the authority
 - I don’t want to hurt the learner’s feelings
 - It is early in the year – they will improve

Preceptor Perspective

- As the preceptor what do you tell your student about how feedback will be provided?
- Do you engage the student in the process with a self-assessment?
- When is an ideal time for feedback?
- What is your preferred setting?
- What does the follow-up plan look like?
- Do you hold student accountable for the follow-up?

Setting the Stage

- Prepare
 - Know the objectives to be evaluated
 - Be familiar with evaluation forms
- Set expectations
 - Review your personal expectations for the learner during orientation
- Describe the process that will be used to give feedback
 - Timing
 - Location
- Discuss feedback versus evaluation

Quality Feedback

- Location – private, in person, away from patient care/interruptions
- Timing – Close to the observation, ongoing, generally brief
- Emotional - be positive, non-threatening, avoid emotions that can lead to defensiveness, respectful environment

- Criteria-based – specific (keep a log), direct, clear, individualized, encourage self-reflection, consider personality, plan for improvement (actionable)
- Pertinent – to patient care, provider education
- Content – relevant behaviors that were observed and emphasize important positive behaviors , descriptive
- Consistent

Feedback Follow-Up

- **P**recise with attention to the specific
- **R**elevant to practice
- **O**utcome based with clear aims
- **M**easurable where improvements can be assessed
- **P**ossible/attainable
- **T**ime determined, a clear period to achieve the outcome/s
- **E**ncouraging and constructive
- **D**escriptive

Rudland J. Clin Teach. 2013

Feedback Delivery

- *“Too often we forget the purpose of feedback – it’s not to make people feel better, it’s to help them do better” - A. Tugend*
- Feedback sandwich
- Self-reflection
 - What worked well?
 - What didn’t work well?
 - What could you do differently next time?
- Don’t only provide problem/concern feedback

TugendA. The New York Times, April 2013

Feedback Delivery

- How to strengthen your message
 - Easy to state to say “needs improvement” but it is important to document the facts that justify the viewpoint
 - I expect you to be able to _____ by _____
 - I expect you to be able to be able to address the physicians questions on rounds by reviewing each patient prior to rounds

Example Session

- You have an IPPE student in the hospital setting. The student has never worked in a hospital before.
- As you prepare for the IPPE, how do you plan to provide feedback? What is your general approach?
- What do you tell the student during orientation?
- How do you prepare the student to engage in the process?
- Discussion

Feedback Pitfalls

- Not giving feedback until the end of the experience – no time for improvement
- Given with a negative attitude – attacking, insensitive
- Don't give feedback if the student is not ready to receive – stressed, preoccupied
- Not being honest – can give constructive criticism in a positive way

Consequences of Bad Feedback

- Student feels attacked and becomes frustrated.
- Acknowledges a problem exists but no idea how to improve or doesn't think it is possible
- Preceptor gives mixed signals on the problem – may state the problem in feedback, but on grading or other scores gives them high marks in the area because they are "trying hard" or "first" APPE, "never worked in this setting".

High or Low Quality?

- Good job!!!
- To give you some feedback, I thought your case presentation was concise and I liked how you focused on the relevant past medical history.
- You did that wrong
- That was a terrible presentation
- "During your cases in the presentation you seemed rushed and the audience also seemed confused"

High or Low Quality?

- Need to work on time management
- Generally prepared for rounds but on Mondays seems to struggle. Since the census for the service often increased over the weekend, I would suggest arriving 45 minutes earlier than normal to ensure all patients are reviewed prior to rounds
- Nice job on assignments
- Handout for journal club was well prepared and followed the guidelines except in the area of statistics. Please make sure to review all statistical test used in an article to ensure proper understanding.

High or Low Quality?

- Need to utilize the primary literature more effectively
- Medication recommendations for the diabetic patient seen on rounds today conflicted with the current guidelines. It is important to use evidence based clinical practice guidelines for making patient care recommendations. What do the latest guidelines state?

Documentation

- Include specifics to justify your points of emphasis
- Feedback can be written or verbal
 - If written – they have an opportunity to review in the future
 - If verbal – keep specifics to use in summative evaluations
- Timely
- Evaluations
 - Communication among preceptors
 - Determine rotation grades

Best Practices

- At your table discuss the various elements of quality feedback
 - Effective timing
 - Effective locations
 - How to make it specific and actionable
 - Documentation strategies
 - Strategies for reflection and improvement

Preceptor Evaluation

- Professional growth of preceptor
- Improved skills in teaching/precepting
- Increased satisfaction
- Improved experience for current/future learners

- Potential questions (must be periodic communication)
 - Am I meeting your needs?
 - Are we addressing your personal goals?
 - Is my feedback delivery effective?

Case #1

- You notice your student has their cell phone out during patient care activities. You ask the student about it. The student informs you that they are looking up drug information and does not seem to think it was an issue. You discuss the perception of the cell phone use further and believe the student understands the issue and you expect that it will improve.
- The next day the cell phone usage continues and you are frustrated. You also notice that what the student has pulled up on their phone is not a drug information site.

- Discussion:
 - What could have been done in the initial encounter to possibly achieve a better outcome?
 - How do you handle a difficult student?

How to Handle the Difficult Student

- Set clear goals and expectations
- Be objective and clear if the student isn't meeting those goals and expectations
- Have regular feedback sessions, especially as the student encounters new and unfamiliar situations
- Ensure that there isn't something or someone that is preventing the student from performing their duties.
- Reinforce even incremental improvement

Case #2

- Student is on hospital rotation with you (late in P4 year) and participates in IDT rounds with medical residents, attending physician, and other disciplines. During the first week, you note that the student seems to be unsure of recommendations (soft-spoken) but you decide to see what next week brings (perhaps he's nervous). The next Monday, the student is still shy on rounds (despite your encouragement last Friday to "speak up next week"). You complete rounds that morning and decide it's time for feedback.
- Discussion:
 - Location/timing
 - Highlights of conversation
 - Timeline to improvement

Effective Questioning

- Determine learning needs
- Stimulate thinking, aid in clinical problem solving
- Engage the learner
- Low-level
 - Focus on facts, concepts, definitions
 - Can help with assessment of the learner
- Higher-level
 - Evaluate information and form an opinion
 - Can help the preceptor understand if the learner can use their knowledge to make decisions
- Avoid leading questions, don't give away your expected response
- Ask one question at a time, wait for the response

One Minute Preceptor

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Reinforce what was done right
- Correct mistakes

Neher JO. *J Am Board Fam Pract.* 1992
Neher JO. *Fam Med.* 2003

One Minute Preceptor

- Get a commitment
 - Process the data
 - If they don't commit?
- Probe for supporting evidence
 - Reflect on the process used to arrive at the decision
 - Don't pass judgment
- Teach general rules
 - Apparent gaps or mistakes
 - Skip?

Neher JO. *J Am Board Fam Pract.* 1992
Neher JO. *Fam Med.* 2003

One Minute Preceptor

- Reinforce what was done right
 - Be specific
 - Not general praise
- Correct mistakes
 - May need to wait for the appropriate setting
 - "not the best"

Neher JO. *J Am Board Fam Pract.* 1992
Neher JO. *Fam Med.* 2003

Case #3

- Your P4 student is a terrific student, always prepared for rounds and making solid recommendations. However, after the third day of the rotation, one of the team members expresses concern related to your student's professionalism. You realize that your student is distracting the team by having sidebar conversations during rounds. You decide immediate intervention is necessary.
- Discussion:
 - When and where do you discuss this?
 - How can you deliver this feedback nicely?
 - Can you be too firm? How can you be firm yet still "coach" the student?
 - What timeline for improvement do you establish?
 - Consequences if improvement not seen?

Outline for Difficult Conversations

- Describe the behavior and its impact
- Listen to the student's perspective and response
- Discuss appropriate behavior
- Discuss resources to promote success
- Reiterate or set parameters for future behaviors
- Share consequences for noncompliance
- Summarize the conversation
- Plan and convey any follow up:
 - Document the conversation and plan
 - Decide who you will inform –is this something to tell the College?
 - Check in with the student, unsure understanding

Case #4

- Student on an APPE in September. During the first week, the student is making solid recommendations in a confident manner, but when asked additional information, he stumbles through the EMR seeking information (information you feel should have been readily available). You don't say anything the first few days – you wonder if the student is just nervous. You become concerned by Wednesday/ Thursday of the first week that the student is struggling to prepare for rounds.
- Discussion:
 - How might you guide the feedback discussion with the student?
 - What questions would you ask?

Summary

- Orient learner to feedback plans
- Timely and criteria based
- Establish common goals for improvement
- Document ongoing feedback
- Celebrate improvement
- Utilize evaluations to summarize feedback and improvement throughout the practice experience

Parting Words

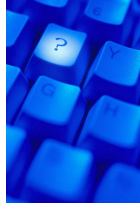
All learners should expect feedback on their performance. Setting the stage during orientation can put a rotation or learning experience on the right track and ensure mutual benefit for the learner and preceptor. Delivering timely and specific feedback is expected of all preceptors so that our learners may continue to improve in all aspects of the profession.

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Questions?



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Learning Assesment

High quality feedback should be given to the student at what time?

- A. Next week after you have had time to think about it
- B. Right away regardless of who is present or may overhear
- C. As close to the event you want to give feedback on as possible
- D. Anytime is fine as long as they get the feedback as some point

Why is documenting specific examples when giving feedback is important?

- A. It emphasizes the importance and allows students to reflect
- B. It is not necessary to give examples, broad statements such as "needs improvement" are sufficient
- C. It is required by the College
- D. It will help the next preceptor evaluate the student

Learning Assesment

Why is feedback important?

- A. Allows for professional growth and development
- B. Critical element of learning
- C. Re-enforces appropriate behaviors/knowledge
- D. All of the above

When developing an approach to giving feedback, what elements are important to consider?

- A. Orient student to the process (location, timing, student role), set expectations
- B. Make sure to always give positive feedback and avoid corrective feedback if it is uncomfortable
- C. Hold back on giving feedback on areas of improvement until later in the experience
- D. Anytime is a good time for feedback, regardless of the setting.
