

# Deconstructing Constructive Feedback

Saturday, September 15, 2018  
9:30 – 11:30 AM

The speakers have no conflicts of interest to disclose

## Presenters

Jill Borchert, PharmD, BCPS, BCACP, FCCP

Midwestern University Chicago College of Pharmacy

Jennifer Arnoldi, PharmD, BCPS

Southern Illinois University Edwardsville School of Pharmacy

Justin Schmidt, PharmD, BCPS, BC-ADM

Midwestern University Chicago College of Pharmacy

Tiffany Scott-Horton, PharmD, BCACP

University of Illinois at Chicago College of Pharmacy

All images in this presentation are from Pixabay (free open source images): <https://pixabay.com> unless otherwise noted.

## Unconstructive Feedback

- Mean Tweets



## Unconstructive Feedback: Mean Tweets

*'Share your Mean Tweet'*

## Making it a Positive Experience

- Feedback does not need to be uncomfortable
  - For the one giving feedback
  - For the one receiving feedback
- Poor feedback<sup>1</sup>
  - Poor performance goes uncorrected
- Increases confidence, helps to identify strengths/weaknesses in building skills<sup>2</sup>
  - Who
  - When
  - Where
  - How
  - What



1. Cantillon P. BMJ 2008;337:a1961. 2. Chur-Hansen A. Acad Psychiatry. 2005;29:66-8.

## Practice Setting

- A. Health-system, acute care
- B. Community pharmacy
- C. Ambulatory care pharmacy
- D. Specialty pharmacy
- E. Other

## Direct or Indirect Reports/Manager

- A. Technicians
- B. Pharmacists
- C. Both technicians and pharmacists
- D. Other

## Type of Precepting

- A. Technician Trainees
- B. IPPE Students
- C. APPE students
- D. PGY1 Residents
- E. PGY2 Residents



## Precepting/Managing Experience

1. 2 years or less
2. 3-5 years
3. 6-10 years
4. 11 years or more



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Learning Objectives

At the end of this presentation, **pharmacist/technician** participants should be able to:

1. Differentiate between feedback and evaluation
2. Identify factors that enhance or diminish the impact of feedback
3. Apply methods of effective feedback for learners, employees and/or peers
4. Propose ways to seek and incorporate feedback for self-development



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Feedback Giver & Feedback Receiver

“Teacher”

“Learner”



- Preceptor/Student
- Preceptor/Resident
- Pharmacist/Technician
- Technician/Technician
- Peer/Peer
- You/trainee



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## We're here to get better at this!

### • Better feedback:

- Residency accreditation:<sup>1</sup>
  - **Effective** criteria-based feedback as an area of partial-compliance or non-compliance
- Disconnect:<sup>2</sup>
  - 90% of preceptors feel comfortable providing feedback
  - Less than 60% of the residents indicated that their preceptors provided **effective** verbal and written feedback

Given more often:

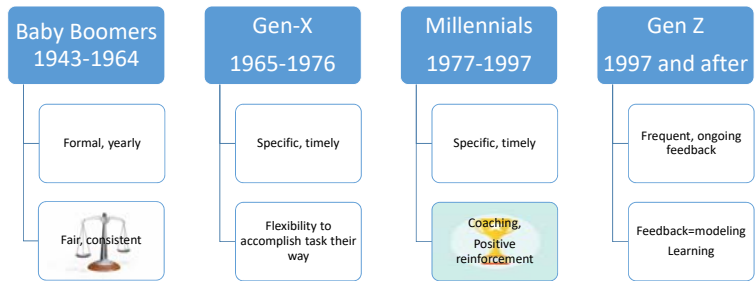
*“More feedback would have been helpful. I would consider having time every week for feedback instead of only mid-module.”*

1. ASHP Communique. 2. Hartzler ML, et al. Am J Health-Syst Pharm 2015; 72: 1305-14.



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Generations & Feedback



Am J of Health-Syst Pharm 2005;62: 519-524. HBR "Managing People from 5 Different Generations". Forbes "Generational Differences: When They Matter and When They Don't". Forbes "10 Tips for Communication Across Generations."

## Feedback vs. Evaluation

### Feedback

- Formative
- Frequent, ongoing
- Specific, criteria-based

### Evaluation

- Summative
- At end, intermittent
- Overall development of a skill relative to a standard

Weitzel KW. Am J Health-Syst Pharm. 2012; 69:1588-99.

## Deconstructing Feedback: Case Study

Who?

APPE Student with strong clinical skills and confidence  
PGY1 Resident lacks confidence and is struggling  
Preceptor is experienced, but busy

Where?

Faculty office

When?

Week 5 of a 6-week rotation

## Deconstructing Feedback: Case Study

Image Courtesy of Craig Cox, PharmD and Texas Tech



## Deconstructing Feedback: Case Study

- What is wrong in this scenario?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Setting the Stage: Where, Why & Who

Jennifer Arnoldi, PharmD, BCPS

Southern Illinois University Edwardsville School of Pharmacy



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

*“If we’re growing, we’re always  
going to be out of our comfort  
zone.”*

—John Maxwell



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Why: The Importance of Good Feedback

- Reinforce good practice and behavior
- Correct performance with guidance *how* to improve
- Encourages dialogue and rapport
- Builds skills learner needs for continuous professional development



1. Cantillon P. BMJ 2008;337:a1961. 2. Wisneski SS. The Effective Pharmacy Preceptor 2017.  
3. Components of the CPD Cycle. ACPE 2011. Permission available at: <https://www.acpe-accredit.org/pdf/CPDCycleTermsOfUseNov2014.pdf>

## Why Feedback Sometimes Fails

- Uncomfortable pointing out negative behavior
- Lack of time
- Not specific enough
- Experiences with previous learners



Wisneski SS. The Effective Pharmacy Preceptor 2017

## Setting the Expectations

Define Goals and Objectives	Communicate	Set Aside Time	Make it Clear
<ul style="list-style-type: none"> <li>• Rubrics or job descriptions</li> <li>• Orient the learner</li> </ul>	<ul style="list-style-type: none"> <li>• How and when it will occur</li> <li>• What you expect from them</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly scheduled vs impromptu</li> <li>• Aim for manageable blocks of time</li> </ul>	<ul style="list-style-type: none"> <li>• "I am giving you this feedback"</li> <li>• "I have some feedback for you"</li> </ul>

Wilkinson S. Hosp Pharm 2013;48(1):26-32.

## Who

- You + the learner
- Make it clear if you have obtained feedback from other sources
- Try to individualize as much as possible
  - Evaluate any growth the learner has shown
  - Consider learner's personality and strengths
  - Maintain learner's dignity, self-esteem, and confidence

Wilkinson S. Hosp Pharm 2013;48(1):26-32.

## Where

- Neutral, private place
- Setting aside one-on-one time
  - Shows appreciation
  - Underlines the importance of the interaction
  - Reinforces the teacher-learner relationship
- Limits distractions and interruptions



Wilkinson S. Hosp Pharm 2013;48(1):26-32.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## When: Activities Prompting Feedback

### Tasks

- Projects or presentations
- New responsibilities

### Skills

- Patient or colleague interactions
- New or improved job skills

### Professional Behavior

- Punctuality and attendance, dress code
- Attitude, respect, responsibility

## When: The Feedback Session



- As close to the event as possible
  - Helps with recall
  - Provides learner opportunity to continue practicing
- Try to limit the amount of information per session
  - Discussing too much can be overwhelming
  - Focus on no more than 2-3 issues per session
  - Prioritize your feedback and make note of what to discuss at a later time

1. Cantillon P. BMI 2008;337:a1961. 2. Wilkinson S. Hosp Pharm. 2013;48(1):26-32.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## When to Involve Others

- Trust your instincts
- Early contact is best
  - Technician learner → Supervisor or manager
  - Student learner → Office of Experiential Education (OEE)
  - Resident learner → Residency Program Director (RPD)
- Human resources?
- Expected outcome: advice vs intervention
- Documentation

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Tips from OEE

- We can't help if we don't know!
- We're here to support you, the student, and the learning experience
- We'll be your sounding board, second opinion, or strategic partner
- Information that the school is able to share about a student may vary
  - "Has this been a concern before?"
  - Learner performance may be different in various settings



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Common Concerns

- From preceptors / supervisors
  - "But they're a good person" or "They're trying hard"
  - The feedback isn't sinking in
- From learners
  - Not recognizing when feedback has been given
  - Failure to understand where the feedback has come from
- From my perspective
  - Feedback that is too general
  - Lack of documentation



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



## Methods for Feedback: Traditional Methods

Tiffany Scott-Horton, PharmD, BCACP  
University of Illinois at Chicago College of Pharmacy



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Informal vs. Formal Feedback

### Informal

- Unplanned
- Frequent
- **Specific\***
- In small doses
- Given in context of the job function(s)

### Formal

- Planned
- Infrequent
- **Specific\***
- Review longer spans of time
- Discuss observations or trends of the job function(s)



Medical Teacher, Vol. 24, No. 3, 2002 pp. 245-248, Pitkanen, H., Lukka, K. Formal and informal feedback in management accounting. Taking a look beyond the balanced scorecard. Volume 6, Issue 14.



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



## Informal vs. Formal Feedback

Do you actively seek feedback?

- a. Yes
- b. No



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Informal vs. Formal Feedback

What type of feedback do you usually prefer?

- a. Informal
- b. Formal



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Informal vs. Formal Feedback

Which type of feedback session can contain the most surprises?

- a. Informal
- b. Formal



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Keys to Success for Informal Feedback

- Avoid negative non-verbal cues that suggest disapproval
- Limit feedback to useable information for the trainee
- Allow the learner to evaluate the situation
- Given at the time of the event or action
- Be aware of an audience



Medical Teacher, Vol. 24, No. 3, 2002 pp. 245-248  
Perspect Med Edu, No 4, 2015 pp. 284-299



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Keys to Success for Formal Feedback

- Ensure trainee is aware that a feedback session will occur
- First hand data and direct observation are preferred
- The trainee should agree with the assessment
- Encourage trainee to self-assess
- Involve the trainee in resolutions



Medical Teacher, Vol. 24, No. 3, 2002 pp. 245-248  
Perspect Med Edu. No 4, 2015 pp. 284-299

## Group Discussion: Informal vs. Formal Feedback

### Scenario

**Suzi (Technician #1)** : Hi Stan (**Manager**), do you mind if I meet with you briefly to discuss some things I've noticed in the pharmacy?

**Stan**: Sure Suzi, tell me what's going on?

**Suzi**: I've noticed that Jim (**Technician #2**) takes too long to put away the order and I'm often left filling all the STAT orders and answering the phones. I get really backed up and the pharmacists become angry because they think I'm moving too slow.

**Stan**: Thanks for letting me know Suzi, I'll take care of it.

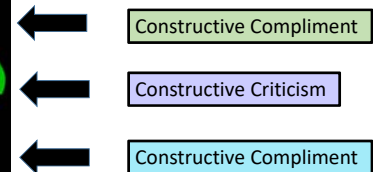
## Group Discussion: Informal vs. Formal Feedback

#1. Does this situation require feedback for Jim (Technician #2)? If so, what type of feedback is warranted formal or informal?

#2. Is Suzi's account considered first-hand or second hand?

#3. How could the manager involve Technician #1(Suzi) in the solution?

## The Sandwich Method



Journal of Behavioral Studies in Business Volume 7 – September, 2014

## The Sandwich Method – Role Play

**3 roles: Manager(Stan), Technician #2 (Jim), Observer/Coach**

### **Situation:**

Stan decides to observe **Technician #2** (Jim) during his daily tasks. The manager notes that Jim is thorough and he puts away the order correctly and neatly. Stan also notices that while Jim puts the order away he pulls out his phone to text every time he goes to the back of the store and he is talking more with the other employees. Overall, it took Jim 90 minutes to put away the order when it should take approximately 45-60 minutes.

Stan also notices that **Technician #1** (Suzi) is working quietly and diligently on the floor to meet the demands of the workflow.

### **Role Play:**

How should the manager utilize “The Sandwich Method” to provide feedback to Technician #2?

## The Sandwich Method

### **Pros**

- Easier
- Less anxiety
- Improves communication
- Increase receptivity of the person being coached

### **Cons**

- Distracts from the message
- Diminishes corrective value
- Dilutes the severity of consequences
- Overtime, may cause anxiety in the person receiving feedback

Journal of Behavioral Studies in Business Volume 7 – September, 2014

## Sandwich Method – *Alternative*

### **Correct Correcting – 9 Step Process**

1. Plan for the discussion
2. Keep positives and negatives separate
3. Time discipline so it's not too soon or too late
4. Focus on the issue
5. Relate the issue to how it impacts business
6. State consequences if behavior does not improve
7. Identify the proper behavioral change that's expected
8. Ask how the manager can help the worker
9. Express confidence in the employees ability to improve

Journal of Behavioral Studies in Business Volume 7 – September, 2014

## Correct Correcting Role Play

**3 roles: Manager (Stan), Technician #2 (Jim), Observer/Coach**

### **Situation:**

Stan decides to observe **Technician #2** (Jim) during his daily tasks. The manager notes that Jim is thorough and he puts away the order correctly and neatly. Stan also notices that while Jim puts the order away he pulls out his phone to text every time he goes to the back of the store and he is talking more with the other employees. Overall, it took Jim 90 minutes to put away the order when it should take approximately 45-60 minutes.

### **Role Play:**

How should the manager utilize the 9 step process of “Correct Correcting” to provide feedback to Technician #2?

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

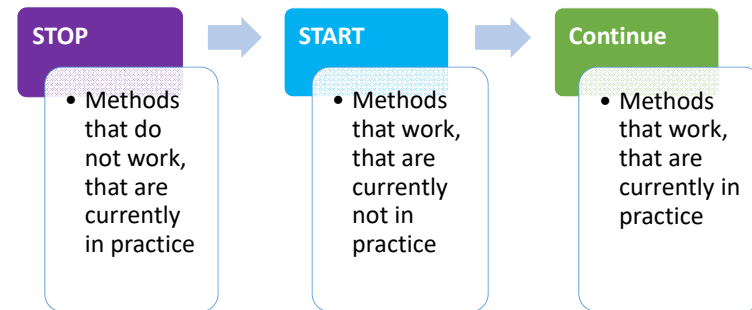
## Correct Correcting Plan

1. Inform Jim that you would like to meet on a specific day/time
2. Discuss the problematic behavior
3. Ensure that the meeting is within 24-48 hours of noted behavior (may be sooner is scheduling permits)
4. During the meeting focus only on the problematic behavior
5. Relate the impact his behavior has on the other technicians/workflow
6. Determine what the consequence will be and alert the learner that it will be enforced if improvements are not noted by a specified day/time (giving a time frame is essential, because everyone's timeline for improvement may be different and you need the learner to understand your expectations).
7. Your expectation is that the order is put up correctly, in a timely manner, with minimal distraction so that the technician can resume regular workflow as quickly as possible.
8. Ask what you can do to help
9. Express confidence in Jim to get it right



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Stop, Start, Continue Model



Hoon A, et al. Use of the 'Stop, Start, Continue' method is associated with the production of constructive qualitative feedback by students in higher education, *Assessment & Evaluation in Higher Education*, 2015 40:5, 755-767

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Benefits of the Stop, Start, Continue Model

- Easy to remember
- Individual or team feedback
- Effective in formal or informal settings
- Useful when gathering feedback from multiple people



Hoon A, et al. Use of the 'Stop, Start, Continue' method is associated with the production of constructive qualitative feedback by students in higher education, *Assessment & Evaluation in Higher Education*, 2015 40:5, 755-767

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Stop, Start, Continue Model – Role Play

**3 roles: Manager, Technician #2 (Jim), Observer/Coach**

### Situation:

Stan decides to observe **Technician #2 (Jim)** during his daily tasks. The manager notes that Jim is thorough and he puts away the order correctly and neatly. Stan also notices that while Jim puts the order away he pulls out his phone to text every time he goes to the back of the store and he is talking more with the other employees. Overall, it took Jim 90 minutes to put away the order when it should take approximately 45-60 minutes.

**Technician #1 (Suzi)** is working quietly and diligently on the floor to meet the demands of the workflow.

### Role Play:

How should the manager utilize the Stop, Start, Continue Model to provide feedback to Technician #2?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Group Discussion

### Scenario

Crystal Pharmacy has been backed up all day and short staffed. It's at the end of the day and the pharmacist realized that the perpetual inventory is not working and it has to be entered manually. The pharmacist has several prescriptions to verify and prior authorizations to work on before close. The pharmacist asks the technician to enter the order manually in preparation for the next day. The technician replies, "That's not my job".

### **Discussion:**

Which feedback technique would you apply here and why?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Methods for Feedback: Traditional Methods + Innovation

Justin Schmidt, PharmD, BCPS

Midwestern University Chicago College of Pharmacy



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

How would you describe the picture?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

How would you describe the picture?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Connecting to PGY-1 Standards

- Address progression & methods of improvement (if applicable)
  - Frequent
  - Immediate
  - Specific
  - Constructive
- Adjust learning activities

ASHP:2016 [www.ashp.org](http://www.ashp.org)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Connecting to PGY-1 Standards

- Verbal required for formative feedback (during rotation)
- Verbal + written for summative *evaluation*
- Written: okay for SOAP notes, evaluations of presentations/projects
- Specific recommendations if unsatisfactory progression

ASHP:2016 [www.ashp.org](http://www.ashp.org)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## PharmAcademic Formative Feedback

- Three options:
  - Documentation of verbal feedback
  - Written feedback
  - Generate a formative assessment
    - Create a custom assessment
- Can upload files
- Map feedback to goals and objectives

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



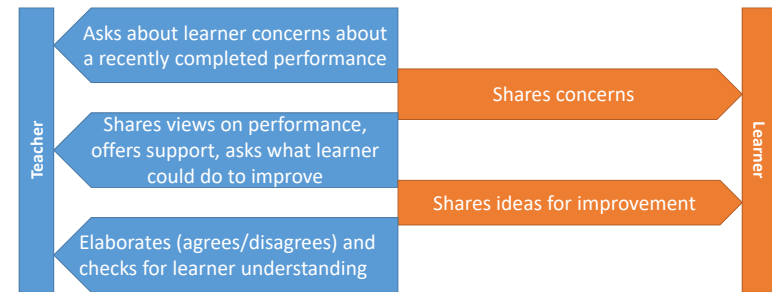
Method:  
Reflective  
Feedback  
Conversation

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Reflective Feedback Conversation Method

- As we progress through the next few slides and roleplay, please add comments you have regarding the Reflective Feedback Conversation method

## Reflective Feedback Conversation Method



Cantrill P. BMJ 2008;337:a1961.

## Speaker Role Play: PGY-1 Midpoint

- Midpoint formative feedback
- PGY-1 resident on their first rotation
- Last experience with hospital pharmacy was nearly a year ago
- We will try using the reflective feedback conversation

## Speaker Role Play: PGY-1 Midpoint

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Teacher perspective</li> <li>Key observations               <ul style="list-style-type: none"> <li>Overlooked positive blood cultures</li> <li>Did not identify over-replacement of Na (increase was &gt;10 mEq/L in one day)</li> <li>Empiric coverage was initiated with meropenem for UTI but most recent ESBL was &gt; 5 years prior to admission (coverage not really needed)</li> </ul> </li> <li>Synopsis               <ul style="list-style-type: none"> <li>During the first half of the rotation, the resident struggled to evaluate and identify interventions for her patients. Most of her efforts went into reviewing progress notes (which she did a good job with) and collecting patient information.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Learner perspective</li> <li>Self-evaluation               <ul style="list-style-type: none"> <li>Keeping up with big patient load</li> <li>Following up with most questions posed to me (how much of a change in Na in one day is safe)</li> <li>Becoming more comfortable with medical record and expectations</li> </ul> </li> <li>Synopsis               <ul style="list-style-type: none"> <li>I am appropriately progressing in the rotation and learning a lot.</li> </ul> </li> </ul> |
|---|--|

## Role Play - Dialog

While experience can help, I recommend quickly reviewing literature/guideline recs for patients' primary problems. This will improve your effectiveness as a pharmacist on the team. Does that make sense to you?



It will come with experience



ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Reflective Feedback Conversation Method

- How you think this method worked in this situation?

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Audience Role Play: PGY-1 Patient Work-up

- Week 4 formative feedback
- Same resident (first rotation, limited experience)
- Near the end of week four, you watch the resident work-up a patient and have them talk through the process
- Try using the reflective feedback conversation in the following scenario

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Audience Role Play: PGY-1 Patient Work-up

### Teacher observations

- Appears frustrated with the patient monitoring form provided to them
- Reads nearly every progress note start to finish
- Adds a medication to their inpatient med list after reading this in a progress note
- Recommends increasing insulin without reviewing administration record

### Learner comments

- I'm working on getting used to the tool to collect patient information
- I get in at 6AM but I barely have time to print my monitoring forms before pre-rounds
- I know a lot of details about patients, but I feel like I'm still missing how everything fits together

*If learner targeted notes/sections to read, more time to:  
Review administration and orders sections of EMR  
Review guidelines/optimal treatment vs current therapy  
Think about how "pieces fit together"  
Learner could create a form/tool that is meaningful for them*

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



## Reflective Feedback Conversation Method

- How you think this method worked in this situation?


## Reflective Feedback Conversation Method

### Pros

- Learner-centric:
  - Focuses on what matters to learner
  - Helps learner develop life-long ability to self-assess and identify strategies for improvement

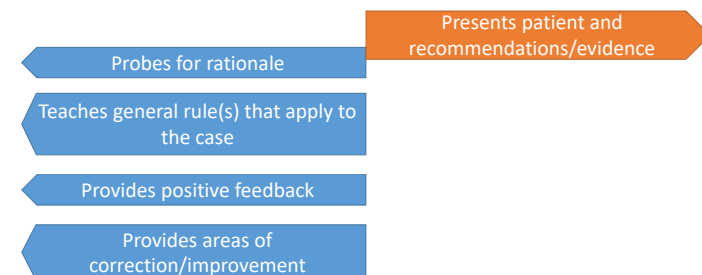
### Cons

- Does not work well for summarizing several observations
  - *Awkward to keep asking about learner's concerns*
- Could miss some important feedback noted by teacher



Method:  
One Minute  
Preceptor

## One-minute Preceptor Model (AKA Five-Step Microskills Model)



Neher JO. J Am Board Fam Pract. 1992;5:419-24.

## One-minute Preceptor Model (AKA Five-Step Microskills Model)

### Pros

- Focus on learner's reasoning process
- Supported by literature
- Well-suited for patient discussions
  - For any repetitive presentation of problem-solving

### Cons

- Does not solicit input from learner (esp regarding self-evaluation and how to improve)
- Might not be acknowledged as feedback

Weitzel KW. Am J Health-Syst Pharm. 2012; 69:1588-99.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Creating a "Feedback feed" to document One Minute Preceptor Feedback



ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### "Feedback feed" screenshots

When clicked:  
Learner menu displays

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### "Feedback feed" screenshots

Default:  
Send email each time file closes

Alternative:  
Send email with button click

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## “Feedback feed” screenshots

Send Cc... Subject Feedback

Your feedback notes include the following:

Date	Request	Comment	Standard
7/15/2018	Please independently evaluate CHADS2/Vasc.	Would consider PAD and indications (statin).	R1.1.4 - Analyze and assess information on which to base safe and effective medication therapy
7/15/2018	Please review non-prost	Please review non-prostacyclin analogs for FC III PAH w/ neg reversibility testing.	R1.1.3 - Collect information on which to base safe and effective medication therapy
7/15/2018	Please make sure to allow enough time to evaluate all the patients (didn't get around to a patient w/ an opportunity for antibiotics de-esc).	Please review previous course of ertapenem and consider options if the same organism grows.	R1.1.3 - Collect information on which to base safe and effective medication therapy
7/18/2018	Please review possible drug causes of thrombocytopenia.	Please review adherence w/ naloxone for patient with ETOH w/d	R1.1.3 - Collect information on which to base safe and effective medication therapy
7/18/2018	Watch for expiration of drug causes of lactic acidosis.	Watch for expiration of medications (e.g. levetiracetam).	R1.1.4 - Analyze and assess information on which to base safe and effective medication therapy
7/18/2018	Please review administration in previous 24 hrs when this is a central issue...will work to configure CPBS.	Please review drug causes of lactic acidosis.	R1.1.4 - Analyze and assess information on which to base safe and effective medication therapy
7/18/2018	Please review administration of apixaban in PEG tube		R1.1.3 - Collect information on which to base safe and effective medication therapy

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Balancing time and quality

- Unrefined comments
  - Overlooked + BICx
- Comments + suggestions
  - Overlooked positive blood cultures
  - Please create a method of ensuring systematic evaluation
- Comments + suggestions + associated goal/obj
  - Overlooked positive blood cultures
  - Please create a method of ensuring systematic evaluation
  - R1.1.3 - Collect information on which to base safe and effective medication therapy

## Mapping feedback to goals/objectives

- Vast majority of observations in one of the following
  - Collect information...
    - Patient ...have the needed data/info at their disposal
    - Literature/drug info...identify appropriate resources to apply to patient
  - Analyze and assess information...
    - Patient...identify problems in drug therapy
    - Literature/drug info...interpret information from resource
  - Design therapeutic regimens & monitoring plans
    - Patient...identify solutions
    - Literature/drug info...apply to patient

## “Feedback feed” assessment

### Pros

- Efficient (integrated into patient care)
- Timely feedback – limits overwhelming detail at midpoint/final
- Log of questions/date helpful to refer to on occasion

### Cons

- Does not encourage self-evaluation
- Potentially demotivating if mostly negative comments

### Informal feedback from students/residents:

- Helpful to know how things are going each day
- Useful to remember what to look up

## Creating a “Feedback feed”

- Macros in Excel patient monitoring form
  - For an overview of macros in Microsoft products, [click here](#)
- File and user guide available for 90 days at:
  - [Link \(https://tinyurl.com/y8zk6czp\)](https://tinyurl.com/y8zk6czp)



## Feedback for You: Summary, Planning and Toolkit

Jill Borchert, PharmD, BCPS, BCACP, FCCP  
Midwestern University Chicago College of Pharmacy

## Summary

- Feedback is IMPORTANT
- Good feedback is SPECIFIC, ONGOING
- Feedback options
  - Setting
  - Type: Formal vs. Informal
  - Traditional Techniques
    - Start/Stop/Continue, Sandwich, Correct Correcting, One minute preceptor, Reflective feedback
  - Innovation/technology
    - Feedback feed
- Get to know your learner
- Have a few techniques ready for TIMELY feedback



## Planning

- What's your take home technique?
- Set a reminder
  - Reflect on pros/cons



## Feedback Toolkit

### Clinical Medical Education

- Cantillon P, Sargean J. [Teaching Rounds: Giving feedback in clinical settings](#). BMJ. 2008; 337:a1961.
- Lefroy J et al. [Guidelines: the do's and don'ts and the don't knows of feedback for clinical education](#). Perspect Med Educ 2015; 4:284-299.
- Bing-You R, Hayes V, et al. [Feedback for learners in medical education: What is known? A scoping review](#). Acad Med 2017;92:1346-1354.

### Pharmacy Precepting

- Weitzel, KW, Walters EA, Taylor J. [Teaching clinical problem solving: A preceptor's guide](#). Am J Health-Syst Pharm. 2012;69:1588-99.

### Management & Generations

- Knight R. [Managing People from 5 Generations](#). Harvard Business Review. September 25, 2014.



## Questions

