

Evaluation: Making it Work!



BY

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Program Goals

- Review characteristics of evaluation and discuss why it is important.
- Discuss pitfalls in the evaluation process.
- Integrate the One-Minute Preceptor model into your clinical teaching.
- Outline a practical system for effective evaluation utilizing the **G-R-A-D-E** format.

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Why is Evaluation Important?

- **Definition of a preceptor: a skilled practitioner or faculty member who supervises and teaches students in a clinical setting to allow practical experience with patients.**
 - **Evaluation is a critical function of a “teacher” or “preceptor”.**
 - **Accurate & meaningful evaluation in addition to modeling are the key components in the growth and development of future health professionals.**
 - **Accurate and timely evaluation enhances the quality of the experience by appropriately assessing the learner’s knowledge, attitudes, and skills for their level of training.**



Evaluation: What Can Go Wrong!

- Halo Effect
- Oops-Insufficient Evidence
- You never told me that!
- But I NEED Honors!
- Uh-Oh-Should they pass?
- Lake Wobegon Effect



Evaluation: What Can Go Wrong!

- Case Vignette



Evaluation: What Can Go Wrong!

- Halo Effect
 - One unrelated but outstanding characteristic has an effect on other aspects of the evaluation.
 - Example: Very nice, friendly, outgoing student who is well liked by the staff but clinically mediocre could get a very high grade, while quiet, reserved, introspective but clinically excellent learner could receive a mediocre grade.
 - Message: Look beyond personality traits and consider entire package when evaluating the learner.



Evaluation: What Can Go Wrong!



- **“Oops”-Insufficient Evidence**
 - Arrive at the end of the clerkship with a sense that a student’s performance is inadequate in some areas, but unable to recall the specific details.
 - It is challenging to explain to the learner why a certain area was evaluated as it was and what specifically could be done to improve.
 - Message: Pay close attention to specific instances of performance and have a system for recording them.



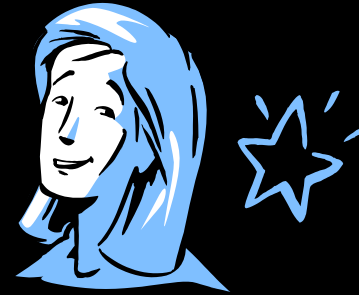
Evaluation: What Can Go Wrong!



- “You never told me that!”
 - Preceptor often has certain standards of performance in mind against which each learner is compared. If the final evaluation is the first time these are discussed with the learner, the preceptor might hear....
 - Discuss your criteria for evaluation as early in the clerkship as possible.
 - Message: Give ongoing feedback with clear expectations and whether or not the learner is meeting those expectations.



Evaluation: What Can Go Wrong!



- **“But I NEED Honors”**
 - Most learners are focused on their professional growth and development, but some bring expectations for a particular grade or evaluation to the clerkship.
 - The final evaluation is not the time to learn of these goals and perceived needs.
 - Message: Early discussion of the learner’s goals and expectations will allow a process of helping the learner to meet those goals.



Evaluation: What Can Go Wrong!



- “Uh-Oh”-Should they pass?
 - You arrive at the end of the clerkship with the realization that, despite significant and sometimes heroic effort on their part, the student’s performance remains substandard.
 - Should the learner pass this clerkship? The final evaluation is not the best time to begin contemplating this issue.
 - Message: If the learner appears marginal or problematic, it is crucial to get help early. Contact the School early!



Evaluation: What Can Go Wrong!

- “Lake Wobegon” Effect
 - Painless evaluations. Where all our students are above average. Some preceptors consider that if they give all learners a high grade in spite of their performance then everyone should be happy... Right? Not exactly.
 - Both the learner and School are misled and the learner is unable to benefit from the opportunities for growth and improvement.
 - Message: Give the learner a fair and accurate evaluation.



Evaluation: Making it Work!

- **G**...Get Ready
- **R**...Review Expectations with Learner
- **A**...Assess
- **D**...Discuss Assessment at Mid-Point
- **E**...End with a “Grade”



Evaluation: Making it Work!

- **G...Get Ready**
 - Review course expectations.
 - Review evaluation forms.
 - Consider unique opportunities & challenges of your site.
 - What are **your** Expectations of the learner?



Evaluation: Making it Work!

- **R...Review Expectations with Learner**
 - Meet very early in the experience.
 - Determine knowledge/skill level.
 - Review: Program Goals, Your Goals, Learner's Goals
 - Describe the evaluation process.



Evaluation: Making it Work!

- **A...Assess**
 - Observe
 - Record
 - Provide Feedback Regularly
 - Have Learner Self-Assess



The One Minute Preceptor: Five Microskills for Clinical Teaching

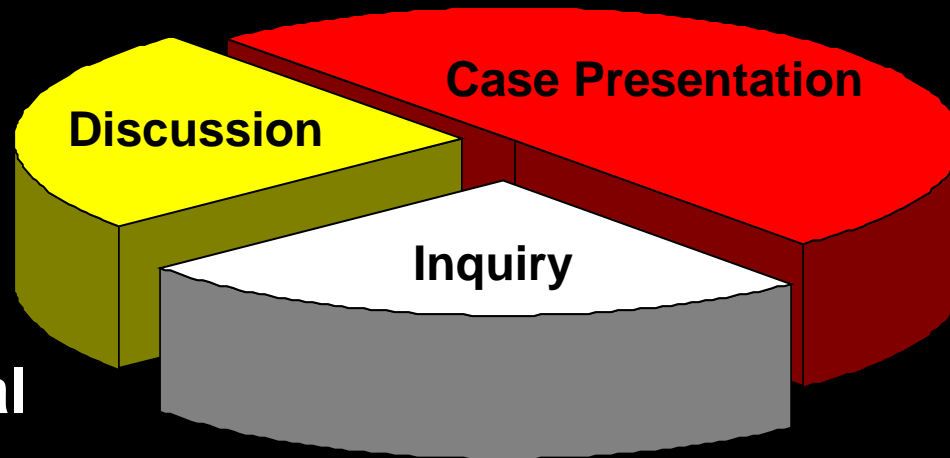
- Get a commitment: What do you think is going on?
- Probe for supporting evidence: What led you to that conclusion?
- Reinforce what was right: Specifically, you did an excellent job of...
- Teach general rules: The key features of this disease are...
- Correct mistakes: Next time this happens, try this...



Microskill Components

Teach

- Reinforce what was right
- Teach general rules
- Correct mistakes



Diagnose Patient

- Listen
- Clarify

Diagnose Learner

- Get a commitment
- Probe for supporting evidence



Microskill 1: Get a Commitment

- Cue:** After presenting the facts of a case to you, the learner either stops to wait for your response or asks your guidance on how to proceed.
- Preceptor:** Instead of asking for more data or providing the answer, ask the learner to state **what s/he thinks** about the findings.



Microskill 1: Get a Commitment

Rationale: Asking learners how they interpret the data is the first step in diagnosing their learning needs. Without adequate information on the learner's understanding, teaching might be misdirected and unhelpful.

Examples: “What do you think is going on with the patient?”

“What additional information would you like to get in the med history?”

“What do you want to do for the patient?”



Microskill 2: Probe for Supporting Evidence

- Cue:** After the learner has made a commitment, s/he seeks confirmation or an alternative perspective.
- Preceptor:** Before answering, ask the learner for **the evidence that supports his/her conclusion.** This might also include asking for alternative considerations and what evidence supported or refuted those alternatives; and uncertainties or questions.



Microskill 2: Probe for Supporting Evidence

Rationale: Asking for underlying thought processes allows you to find out what they know and to identify where there are gaps and/or misconceptions.

Examples: “What were the major decisions that led to the choice of that drug?”

“What else did you consider? What kept you from that choice?”

“What would you like to do for the patient?”

“Did you have any questions or uncertainties regarding this case?”



Microskill 3: Tell Them What They Did Right

- Cue:** The learner has handled a situation in a very effective manner.
- Preceptor:** Tell the learner **specifically what they did right** and **the effect it had**.



Microskill 3: Tell Them What They Did Right

Rationale: Skills in learners that are not well established need to be reinforced.

Examples: “You did an excellent job of evaluating her drug therapy. The ACE-inhibitor was definitely missing and should have been added.”

“Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance.”



Microskill 4: Teach General Rules

Cue: Through the first two steps a teaching opportunity should become apparent.

Preceptor: **Provide general rules** or principles and target them to the learner's level of understanding. These might include sharing key features of an illness, the natural progression of a disease, a way to distinguish between two diagnoses, treatment options, reasons for admission. A generalizable teaching point can be phrased as: "When this happens, do this...."



Microskill 4: Teach General Rules

Rationale: Instruction is both more memorable and more transferable if it is offered as a general rule, guiding principle or a metaphor.

Examples: “Remember that our institution’s MRSA is at 58% and nafcillin is no longer an appropriate 1st-line choice antibiotic for skin and soft tissue infections when we suspect *Staph aureus*.”

“Albumin given to cirrhotic patients with SBP has shown reductions in hepato-renal syndrome and mortality.”



Microskill 5: Correct Mistakes

- Cue:** The learner's work has demonstrated mistakes (omission, distortions, or misunderstandings).
- Preceptor:** **Discuss what was wrong and how to avoid or correct the error in the future.** Allow the learner a chance to critique his/her performance first.



Microskill 5: Correct Mistakes

Rationale: Mistakes left unattended have a good chance of being repeated.

Examples: “You need to make sure and do a complete medication history including herbal products. This patient was on St. John’s Wort and cyclosporin. This could effect his transplant.”

“You should have evaluated this patient’s vancomycin dose pharmacokinetically. On the dose you recommended her trough will be too low.



Audio Example of the One Minute Preceptor

- Audio sound byte of medical student presenting a patient to preceptor.



http://www.oucom.ohiou.edu/fd/audio/oneminute_preceptor.htm

Practice Cases of One Minute Preceptor

- Practice Cases
 - Case 1: Newly Diagnosed Diabetic
 - Case 2: Patient with GERD presenting to your pharmacy
- Additional Participants
 - Anne Schweighardt, Pharm.D.
 - Craig D. Cox, Pharm.D., BCPS



Evaluation: Making it Work!

- **D...Discuss Assessment at Mid-Point**
 - Formal Meeting
 - Learner and evaluator fill out form in advance.
 - Compare evaluations together.
 - Discuss differences and how expectations are being met.



Providing Effective Feedback: Tips

- **Self-Assessment:** Before giving feedback, ask the learner to self-assess. The teacher might say, “How do you think you did?”
- **Balanced:** Provide both positive and critical comments. Begin with the positive comments, then specify where something needs to be changed, and then end with encouragement. This is called the feedback sandwich.



Providing Effective Feedback: Tips

- **Well-Timed:** Feedback should be given close to the time of the performance. Immediate feedback is usually best.
- **Descriptive & Specific:** Focus on what the student did, not on personal characteristics. Generalizations such as, “That was a good presentation” are not helpful. The reinforcement is OK but the teacher should also say why the case presentation was good.



Providing Effective Feedback: Tips

- **Regularly Provided:** Feedback should not be a surprise. It is often provided only when the learner has done something wrong. Establishing a routine of regular feedback prevents this.



Evaluation: Making it Work!

- **E**...End with a “Grade”
 - Complete evaluation in advance.
 - Schedule sufficient time.
 - Support your evaluation with examples.
 - Highlight items that can be worked on in the future.



Comparing Feedback and Evaluation Sessions

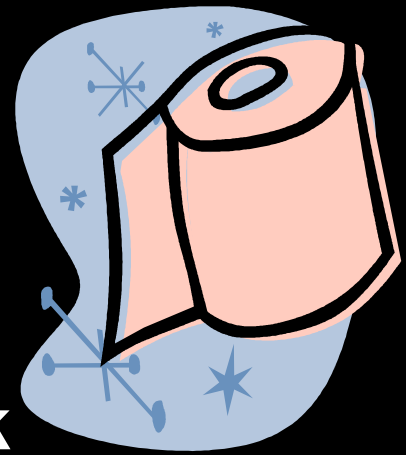
	FEEDBACK	EVALUATION
Timing	Timely	Scheduled
Setting	Informal	Formal
Basis	Observation	Observation
Content	Objective	Objective
Scope	Specific Actions	Global Performance
Purpose	Improvement	“Grading” & Improvement

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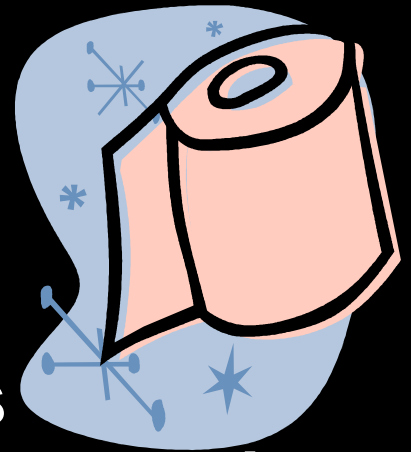
The Paperwork



- The job's not done until the paperwork is done.
- Become familiar with the paperwork required as early as possible in the clerkship.
- Any concern or questions should contact the School.
- Be prepared to discuss how you arrived at your evaluation.
- Written comments can be extremely useful to the School or program.



The Paperwork



- **Comments should be as specific as possible describing positive attributes and strengths as well as areas needing improvement.**
- **Overall level of performance.**
- **Complete any necessary paperwork as promptly as possible.**
- **Complete the paperwork before your final evaluation.**
- **Prevents follow-up phone calls from Schools, Programs or Students.**



Evaluation: Making it Work!

Conclusions



- Not just something you do at the end of the clerkship.
- Not just assigning a grade or getting some ink down on paper.
- Ongoing process that should begin before the learning process starts and should continue as a part of the entire clerkship.
- The **G-R-A-D-E** approach can help.
- Evaluation is not just a grade, but a process for guiding and contributing to the growth and development of OUR future colleagues.



Evaluation: Making it Work!

- QUESTIONS?
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As preceptors
can you make
the **G-R-A-D-E**?



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