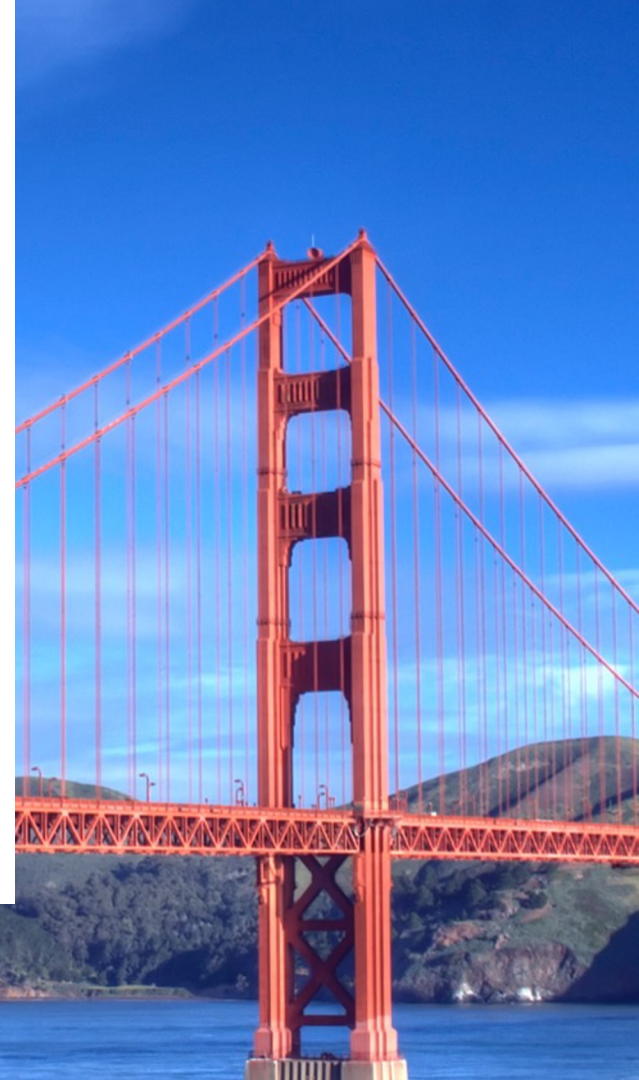**UCSF** Health

Prompt & Productive: Actionable Methods to Increase Efficiency in Precepting: Part II

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Disclosure/Conflicts of Interest

- We do not have any potential conflicts of interest (COIs)

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Learning Objectives

By the end of this presentation today, we hope that you can:

- Describe the key characteristics needed to deliver effective and efficient feedback

- Explain the differences between various feedback models

- Discuss effective precepting techniques that optimize the needs of each learner and the preceptor in a layered learning model
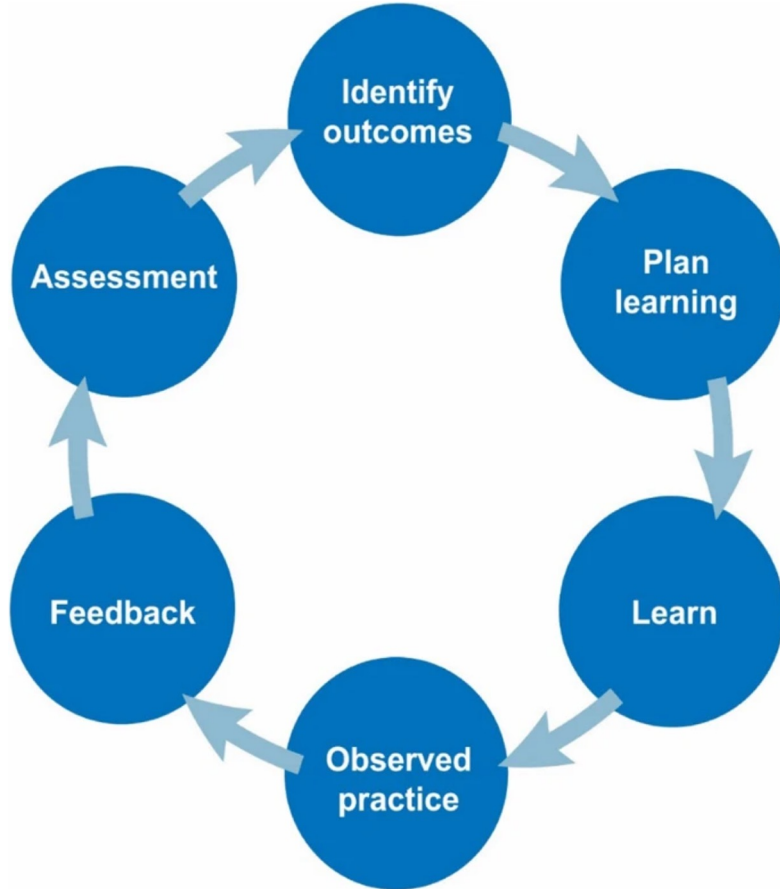
Reflection

Think about the last time you received feedback, was it effective?

What was the context surrounding it?

What steps were you able to take to implement it, if any?

The Learning Cycle

Feedback is an essential part of the learning process and it helps to bridge the gap between the learner's actual and desired performance.

Burgess, A., van Diggele, C., Roberts, C. *et al.* Feedback in the clinical setting. *BMC Med Educ* 20, 460 (2020). https://doi.org/10.1186/s12909-020-02280-5

Feedback vs. Evaluation

Feedback

- Formative
- Based upon specific observations
- Ongoing, frequent
- Informal
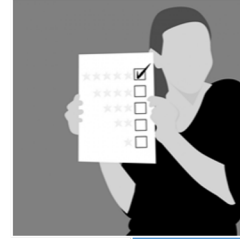
Evaluation

- Summative
- Reflects on the development of a skill compared to the standard
- Offers benchmark assessment
- Infrequent
- Formal

Wilkinson ST, Couldry R, Phillips H, Buck B. Preceptor development: providing effective feedback. *Hosp Pharm*. 2013;48(1):26-32. doi:10.1310/hpj4801-26.test

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Benefits of Effective Feedback

Provides learner information on the quality of their performance	Gives learner the opportunity to adapt their learning strategies
Encourages learner to improve decision making skills	Improves learning outcomes

Burgess, A., van Diggele, C., Roberts, C. *et al.* Feedback in the clinical setting. *BMC Med Educ* 20, 460 (2020). https://doi.org/10.1186/s12909-020-02280-5

Breakout Room Session 1

1. Introduce yourself, share a little bit about your practice setting
2. What challenges do you face in delivering feedback?

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Barriers to Effective Feedback

- Time limitations or few opportunities for "in-the-moment" feedback
- Lack of direct observation of tasks
- Desire to avoid upsetting learners when providing negative feedback
- Learner not receptive to feedback

Hernandez MR, Wang JT. Feedback in medical education is a journey; pack more than a sandwich. https://resources.wfsahq.org/wp-content/uploads/Update-35-Anaes_In_
Med_Ed_WFSA _D_21_00008b.pdf. Accessed April 8, 2022.
Burgess, A., van Diggele, C., Roberts, C., et al. Feedback in the clinical setting. BMC Med Educ 20, 460 (2020). https://doi.org/10.1186/s12909-020-02280-5

Learners' Perception of Feedback

Questionnaire sent to 343 first through 4th year pharmacy school students to evaluate the following areas of feedback: <u>perception & usefulness of feedback; examination feedback; overall impression and influence of feedback; type, quality, and timing of feedback</u>

<u>Results</u>

- **32.3%** strongly agreed or agreed that they were **satisfied** with the feedback they received
- **31.1%** strongly agreed or agreed that they **had been made aware of what to expect** regarding feedback
- Open response comments centered on **inconsistencies in provision of feedback** & other remarks related to the **quantity, quality, & timing of feedback**

Hall M, Hanna LA, Quinn S. Pharmacy students' views of faculty feedback on academic performance. *Am J Pharm Educ.* 2012;76(1):5. doi:10.5688/ajpe7615

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Characteristics of Effective Feedback

Environmental

- Choose a neutral, private setting where it can be delivered one-on-one
- Give it frequently & soon after the observed behavior

+

Interpersonal

- Adapt feedback to suit personality type or individual traits (confident/insecure, extroverted/shy)
- Consider CliftonStrengths® Assessment

+

Situational

- Specific, based on direct observation
- For constructive criticism, share how to handle the situation next time

Effective Feedback

Feedback Techniques

- Ask-Tell-Ask
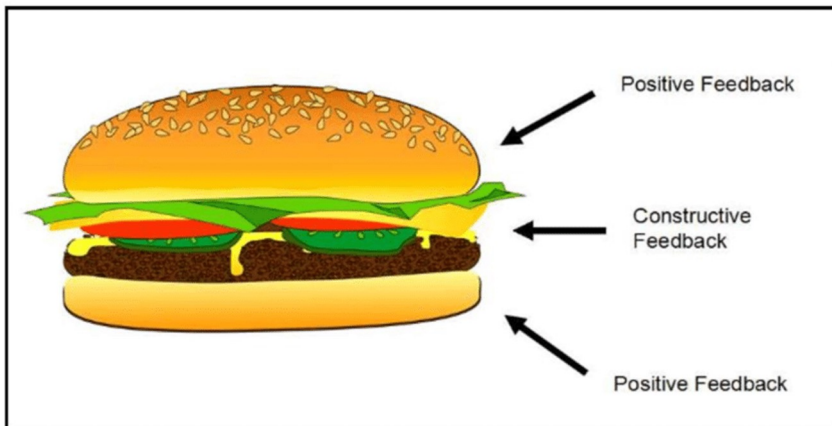- Feedback Sandwich ⭐
- Pendleton Feedback Model ⭐
- One-Minute Preceptor ⭐
- Multisource Feedback
- R2C2 Method

Hernandez MR, Wang JT. Feedback in medical education is a journey: pack more than a sandwich.https://resources.wfsahq.org/wp-content/uploads/Update-35-Anaes_In_Med_Ed_WFSA_D_21_00008b.pdf. Accessed April 8, 2022.

Sandwich Method

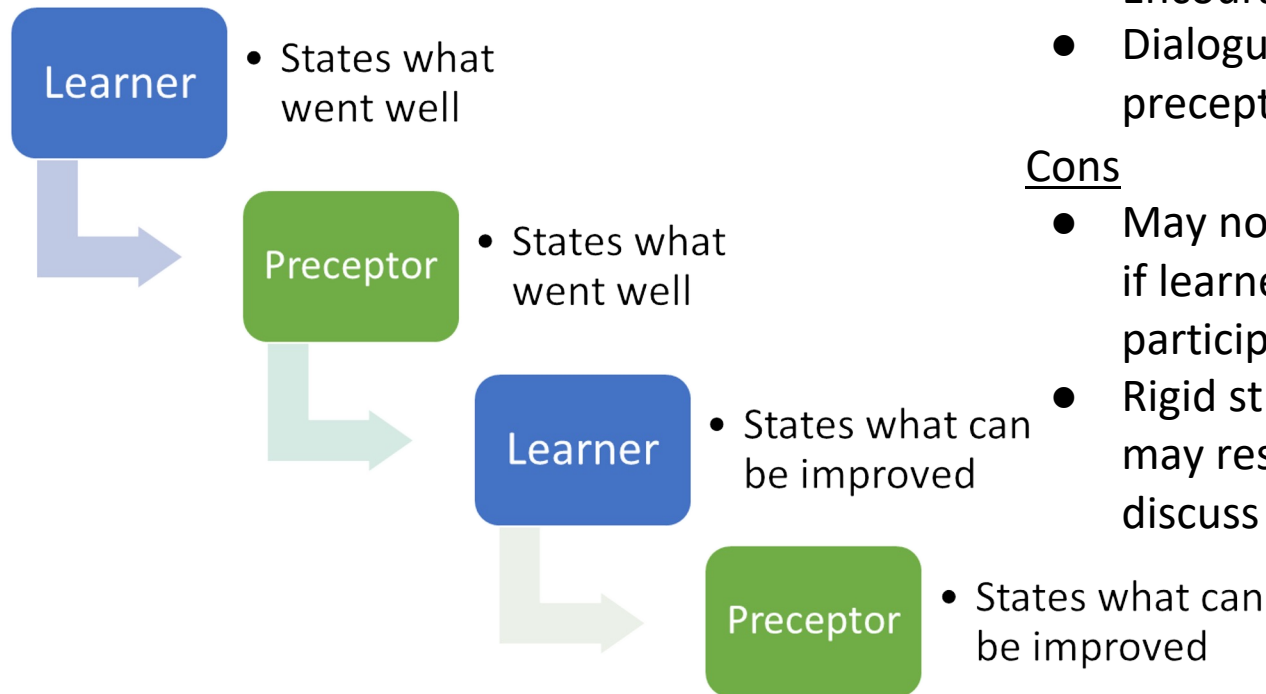Positive Feedback

Constructive Feedback

Positive Feedback

Pros
- Easier/faster to deliver
- Softens the impact of criticism
- Listener is more receptive to feedback
- Discussion maintains a positive tone

Cons
- Positive comments may obscure the constructive ones making it harder to set actionable goals
- Listener may lose trust in future positive feedback

Hernandez MR, Wang JT. Feedback in medical education is a journey; pack more than a sandwich. https://resources.wfsahq.org/wp-content/uploads/Update-35-Anaes_In_Med_Ed_D_21_00008b.pdf. Accessed April 8, 2022.

Pendleton Method

Learner • States what went well

Preceptor • States what went well

Learner • States what can be improved
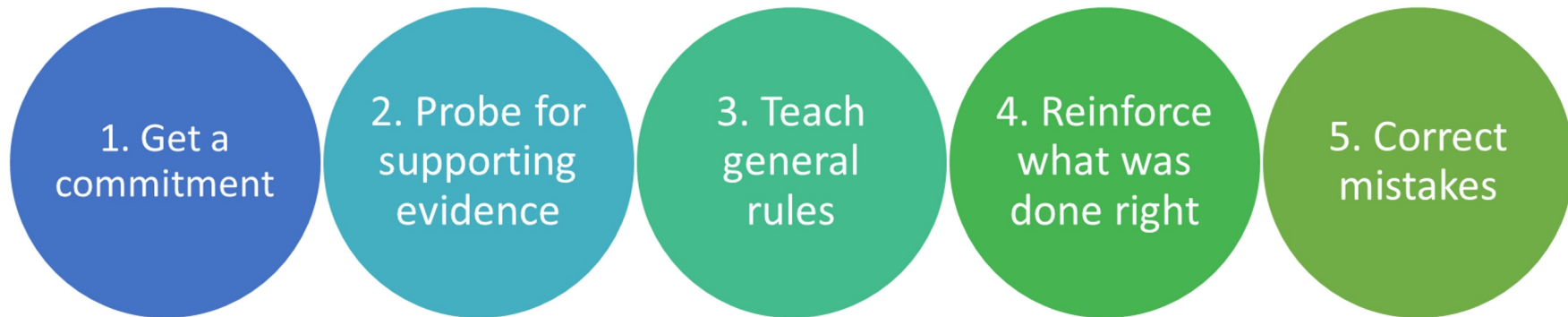
Preceptor • States what can be improved

<u>Pros</u>
- Learner is less likely to get defensive when they receive constructive criticism
- Encourages self-reflection
- Dialogue between both the learner and preceptor

<u>Cons</u>
- May not result in actionable feedback if learner lacks insight or does not participate
- Rigid structure of conversation that may result in lost opportunities to discuss other topics

Hernandez MR, Wang JT. Feedback in medical education is a journey; pack more than a sandwich. https://resources.wfsahq.org/wp-content/uploads/Update-35-Anaes_In_Med_Ed_D_21_00008b.pdf. Accessed April 8, 2022.

One-Minute Preceptor

1. Get a commitment

2. Probe for supporting evidence

3. Teach general rules

4. Reinforce what was done right

5. Correct mistakes

Pros
- Proven to improve key teaching behaviors
- Allows learner to take ownership of learning
- Identifies gaps in learner's knowledge base to focus teaching

Cons
- Relies on learner to be able to gather and present information
- General rule is limited & succinct so other key teaching points need to be omitted
- Requires practice from preceptors & faculty development

Kathleen Timme MD & BG. One-minute preceptor: An efficient and effective teaching tool. JAHSE. https://jahse.med.utah.edu/one-minute-preceptor-an-efficient-and-effective-teaching-tool/.
Published August 20, 2021. Accessed April 7, 2022.

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One-Minute Preceptor

One-Minute Preceptor Live in Action

Follow along and identify each of the microskills

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One-Minute Preceptor

Microskill	Examples of Dialogue	Preceptor Objectives
1. Get a commitment	What do you think is going on? Why do you think he has been nonadherent?	• Help learner process the information they collected • Learners response will help you assess their knowledge and focus on learning needs
2. Probe for supporting evidence	Were there any other options you considered? How did you come to that conclusion? If this patient was pregnant, would it change your management?	• Understand learner's clinical reasoning and deficits in knowledge base • For reluctant learners, further elaborations might be helpful to draw out their thinking

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One-Minute Preceptor

Microskill	Examples of Dialogue	Preceptor Objectives
3. Teach general rules	Whenever you suspect a urinary tract infection and urine culture is collected, it is important to also assess the patient's symptoms and obtain an urinalysis	• Teach a FEW targeted, generalizable pearls • Prioritize concepts based on learner's knowledge deficits
4. Reinforce what was done right	You considered the patient's financial situation before making a recommendation for rivaroxaban, which will hopefully help improve the patient's adherence to his anticoagulant	• Comment on the specific positive aspects of the interaction AND the effect it had

The one-minute preceptor.

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One-Minute Preceptor

Microskill	Examples of Dialogue	Preceptor Objectives
5. Correct mistakes	You may be right that this patient's symptoms are probably due to a viral upper respiratory infection, but you can't be sure it isn't otitis media unless you've examined the ears.	- Consider letting learner comment on mistakes - Discuss what was wrong, how to correct the error, & how to prevent it in the future

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Breakout Room Session 2

Use the case to <u>role-play</u> the <u>One-Minute Preceptor Model</u>

Select a role - Preceptor, Learner, Observer(s)

- **Learner** - present the case
- **Preceptor** - model the 5 microskills
- **Observer** - take notes on the following:
  - Did preceptor display each of the 5 microskills?
  - What did the preceptor do well?
  - How can the preceptor improve the way they deliver feedback?

Breakout Room Session 2

Learner: *Present this case* → "Mrs. G is a 88 year old woman who presents to the ED with a 3-day history of shortness of breath and cough. Her cough is productive of green-colored sputum and her chest feels heavy. She has a fever to 101°F, BP 102/65 mmHg, pulse 114 bpm. Her head and neck exam are normal. The chest exam shows bronchial breath sounds on the left with crackles, right side is clear. Cardiovascular and abdominal exam are normal. I think she likely has pneumonia given her lung findings. I think we should get a chest x-ray and start some antibiotics."

Preceptor: *Using one-minute preceptor model (Get a commitment, Probe for supporting evidence, Teach general rules, Reinforce what was done right, Correct mistakes), how would you teach the student about this case?*

Actionable Tips for Effective & Efficient Feedback

- ❏ Establish a respectful learning environment
- ❏ Communicate goals and objectives for feedback at the start of the learning experience
- ❏ Encourage learner to complete self-assessment at the start & periodically throughout the learning experience
- ❏ Deliver feedback frequently & soon after observed behavior
- ❏ Ensure feedback is specific, based on direct observations
- ❏ Use neutral, non-judgemental language

- ❏ Conclude feedback session with action plan

Knowledge Check 1

Which of the following are characteristics of efficient & effective feedback?

I. Summative
II. Frequent
III. Delivered in a neutral, private setting
IV. Specific, based on learner's personality and characteristics

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Knowledge Check 2

It is your first week precepting DW who is on your Pain Management rotation. You observed her complete a pain assessment with a patient who has chronic pain and want to provide her some effective feedback efficiently. Since it is her first week on her first clinical rotation, she is struggling to collect and present patient information. She is also finding it challenging to self-reflect as she is not very confident of her clinical skills yet. Which feedback model would be the most appropriate to use in this scenario?

I. Feedback Sandwich
II. Pendleton Feedback Model
III. One-Minute Preceptor

Knowledge Check 2

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I.   Feedback Sandwich
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Layered Learning Practice Model (LLPM)

"Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first." — William Osler

Reflection

Think back to your rotation experience as a pharmacy student, resident, or preceptor. What opportunities did you find most meaningful or rewarding? What experiences did you like the least?

Overview of LLPM

- Applied to pharmacy practice based on model currently used in medical education
  - Necessary to meet expanding number of pharmacy students and residents
- Key components for successful utilization of LLPM:
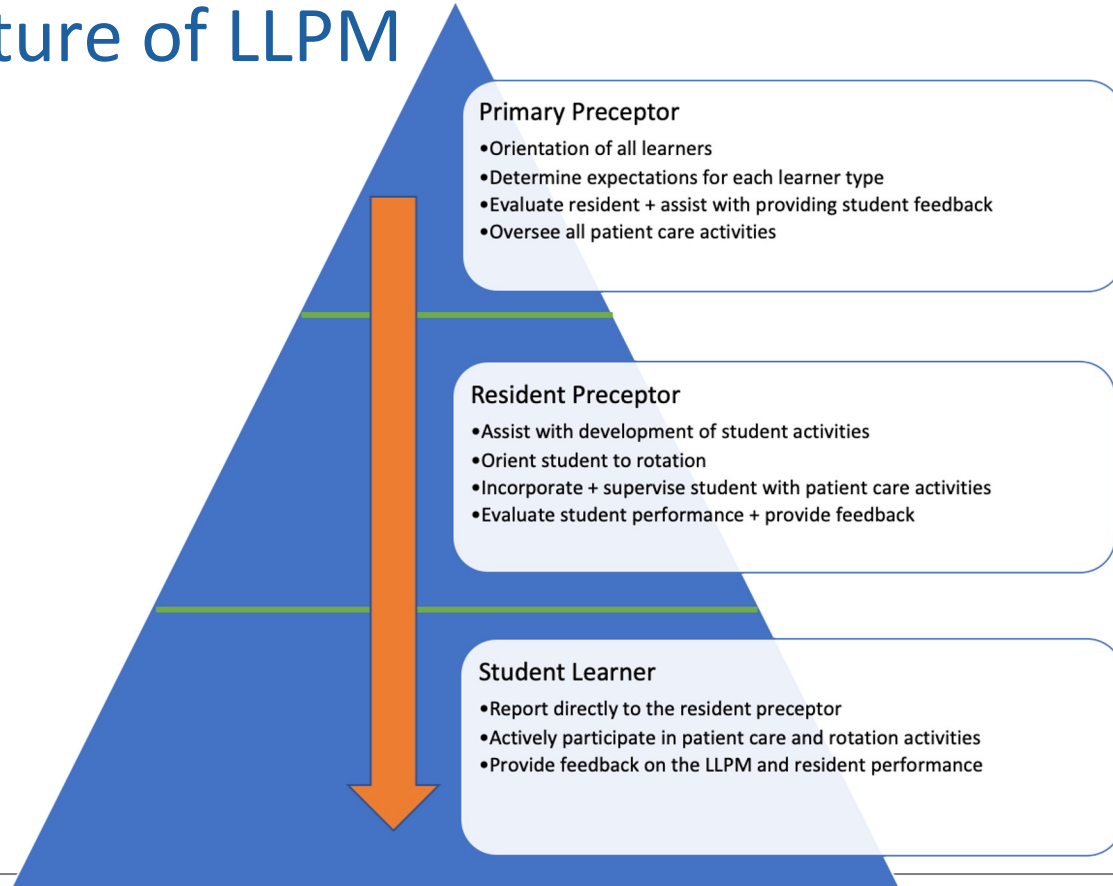
Shared Leadership	Systematic Approach	Good Communication	Flexibility of Pharmacists
Adequate Resources	Commitment	Evaluation	

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General Structure of LLPM

Primary Preceptor
- Orientation of all learners
- Determine expectations for each learner type
- Evaluate resident + assist with providing student feedback
- Oversee all patient care activities

Resident Preceptor
- Assist with development of student activities
- Orient student to rotation
- Incorporate + supervise student with patient care activities
- Evaluate student performance + provide feedback

Student Learner
- Report directly to the resident preceptor
- Actively participate in patient care and rotation activities
- Provide feedback on the LLPM and resident performance

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Study of LLPM in Practice

•304 pharmacy preceptors responded
  •Variety of practice settings
  •Most completed post-graduate training
  •Range of precepting experience (0-10+ yrs)
	•Online survey sent to experiential directors at several universities	•Evaluated preceptors perceived benefits and barriers to LLPM
		  •Ranked how much they agree or disagree with proposed benefit/barrier

Benefits of LLPM

Learner

- Increased number of precepting opportunities
- Improved number of experiential training experiences
- Increased opportunities for students to problem solve collaboratively
- Improved clinical knowledge gained
- Improved student comfort/confidence in practice setting
- Increased learner engagement onsite

Preceptor

Practice Site:
- Clinical service expansion
- Increased pharmacist visibility in the practice setting
- Improved practice site efficiency

Patient:
- Increased patient access to pharmacy services
- Improved patient education
- Improved patient health-related outcomes
- Improved patient adherence

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Survey Results: Benefits to LLPM
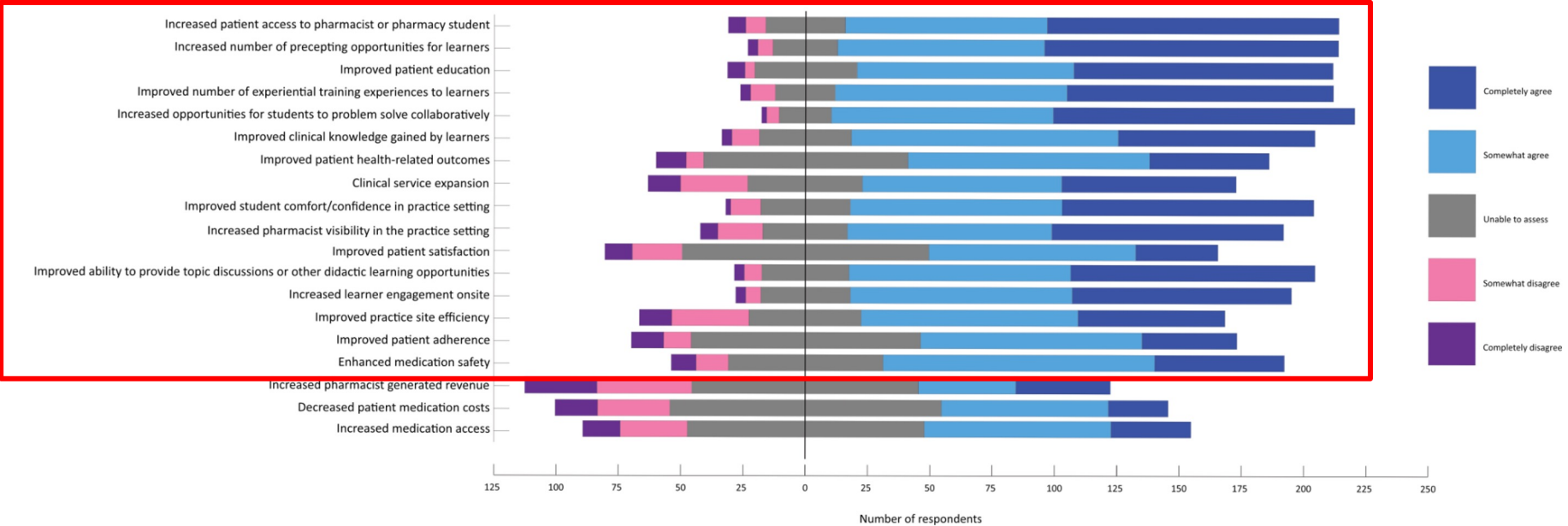
Reflection

If you currently utilize the LLPM, what are some of the benefits you see at your practice site?

Top

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Key Performance Indicators (KPIs) of LLPM

Admission Medication Reconciliation

- Proportion of patients who received documented admission medication reconciliation (and had resolution of identified discrepancies) performed by a pharmacist

Pharmaceutical Care Plan

- Proportion of patients for whom a pharmacist developed and initiated a pharmaceutical care plan

Drug Therapy Problems (DTPs)

- Number of DTPs resolved by a pharmacist during an admission

Interprofessional Patient Care Rounds

- Proportion of patients for whom a pharmacist engaged in interprofessional patient care rounds to enhance medication management

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Key Performance Indicators (KPIs) of LLPM

Patient Education During Hospital Stay

- Proportion of patients for whom a pharmacist provided education about their disease(s) and medication(s) during their admission

Patient Education at Discharge

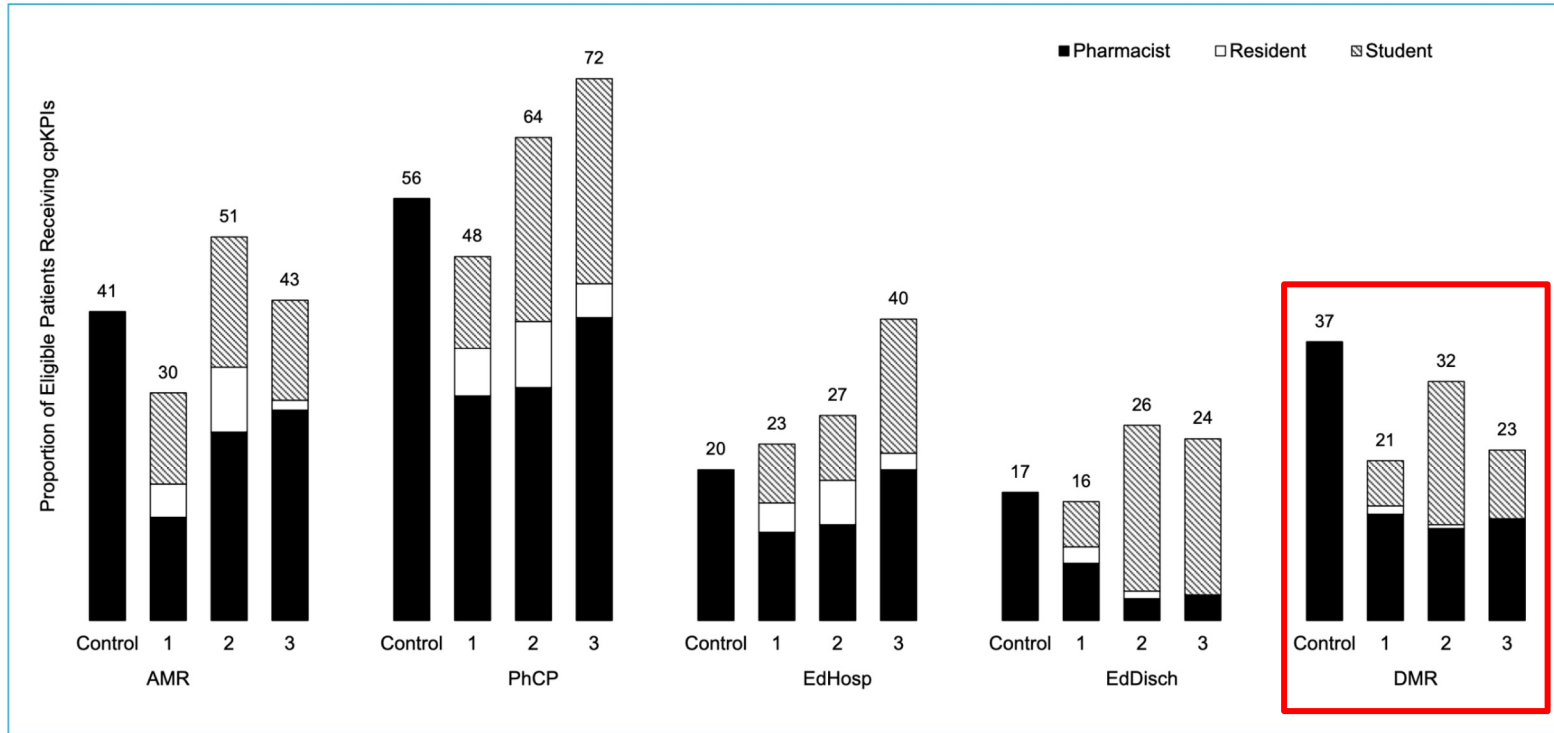- Proportion of patients for whom a pharmacist provided medication education at discharge

Discharge Medication Reconciliation

- Proportion of patients who received documented discharge medication reconciliation (and had resolution of identified discrepancies) performed by a pharmacist

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Literature: Documentation of KPIs from LLPM

- Retrospective quality assurance study
- Assessed over 6 months across three 8-week rotation blocks
- LLPM included pharmacist, resident, and multiple students

- 1-hr training on KPI documentation
- Preceptor: Oversight of learners + patients
- Resident: 3-6 patients + student teaching
- Student: 2-5 patients + discharge activities

- KPIs as defined by CSHP consensus guidelines

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Literature Results: Documentation of KPIs from LLPM

AMR: admission medication reconciliation
PhCP: pharmaceutical care plan
EdHosp: education in the hospital
EdDisch: education on discharge
DMR: discharge medication reconciliation

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Barriers of LLPM

Learner

- Inadequate resources (workstations, computers, drug info)
- Inconsistent preceptor implementation
- Varying degrees of resident precepting capabilities and interests
- Resident time management to balance precepting and patient care
- Divided attention of primary preceptor

Preceptor

- Time required to precept multiple learners interferes with job responsibilities
- Inability to effectively teach all levels of learners
- Inability to oversee patient care provided by multiple learners
- Inability to effectively mentor all levels of learners
- Decreased practice site efficiency
- Inadequate number of patient care opportunities
- Other healthcare profession colleague buy-in for having multiple learners at site

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Survey Results: Barriers to LLPM
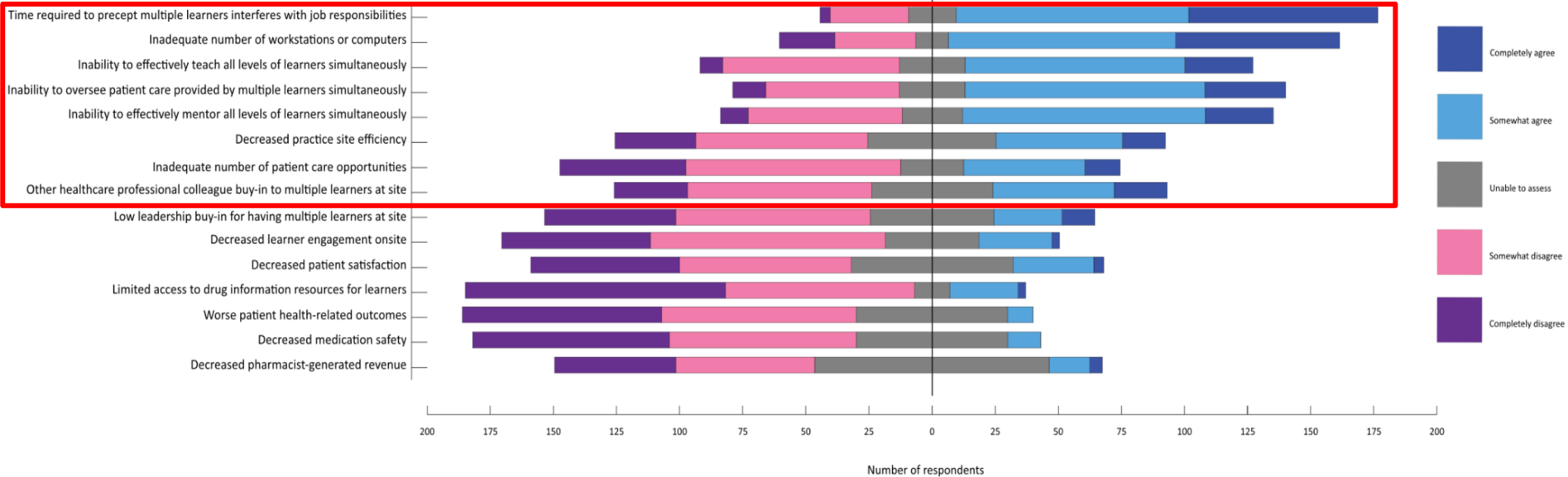
Reflection

If you currently utilize the LLPM, what are some of the barriers you see at your practice site?

Top

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Overcoming Barriers in Practice: University of Pacific

- COVID-19 Pandemic has caused everyone to answer:
  - How can pharmacy clinical education be provided effectively in a remote setting?
  - What tools and resources can be leveraged to provide remote education?

- Curriculum changes implemented:
  - Created a variety of resources for preceptors including COVID-19 APPE guidance document and virtual APPE playbooks
  - Leveraged clinical faculty to off-set changes in preceptor availability
  - Incorporated residents to facilitate remote case discussions, record learning modules, and create assessment teaching materials

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What are some of your challenges with the LLPM?

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Knowledge Check

Who benefits from the layered-learning practice model?
Select all that apply.

I. Pharmacists
II. Pharmacy Residents
III. Pharmacy Students
IV. Patients
V. Practice Sites

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Knowledge Check

Who benefits from the layered-learning practice model?
Select all that apply.

I. Pharmacists
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Questions

Reference List

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