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## Currents in Pharmacy Teaching and Learning

journal homepage: [www.elsevier.com/locate/cptl](http://www.elsevier.com/locate/cptl)

## Commentary

## Clinical pharmacy academic career transitions: Viewpoints from the field

## Part 1: Understanding feedback, evaluation, and advancement

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## ARTICLE INFO

## Keywords:

Transitions  
Academia  
Pharmacy

## ABSTRACT

The six authors of this commentary series, who have recently transitioned into or within an academic career, discuss challenging aspects of an academic career change. This is a three-part commentary series that explores select challenges: 1) feedback, evaluation and advancement; 2) understanding and balancing of distribution of effort; 3) learning how and when to say yes.

Faculty, or those interested in pursuing a career in pharmacy academia, can refer to this commentary series as a reference. Schools of pharmacy may utilize this as a tool for new faculty members during orientation in order to ensure smooth integration into the academic environment.

## Introduction

Feedback and evaluation are important for many reasons in academia, but the primary reasons include continual personal and professional growth, yearly assessment, and advancement through the academic ranks. For those transitioning into academia for the first time, lack of knowledge regarding expectations and timelines, unfamiliar terminology, and differences between academic ranks is overwhelming. For those transitioning between academic institutions, differences among institutions may be difficult to navigate. No matter where a faculty member is in an academic career, understanding both formal and informal feedback and evaluation methods as well as the advancement process within the academic institution is crucial to success.<sup>1</sup>

## Commentary

## Feedback

In academia, formalized feedback from administration is infrequent, and may only occur annually. Learning to rely on other forms

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<https://doi.org/10.1016/j.cptl.2017.10.017>

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of feedback for continued personal and professional growth is necessary. For those transitioning into academia directly from training, this is in stark contrast to the consistent and frequent feedback received during training. However, there is a plethora of valuable, though unrealized sources of feedback available, which are especially important during early career transitions when faculty work to become established. Common sources of feedback exist for each of the main facets of clinical academia: teaching, practice, and scholarship.

### *Teaching*

For didactic teaching, the most tangible feedback comes from the end of semester individual and/or course teaching evaluations.<sup>2,3</sup> Thoughtful reflection on and incorporation of student feedback on teaching materials is an important part of professional growth in teaching. Each institution has its own standardized evaluation system. While some institutions require evaluations from all students, other institutions have this as a voluntary process. Both approaches have pros and cons. When voluntary, it is common to hear from the two extreme ends of evaluations: the positive and the negative. Although feedback from a middle group of students can be missing, the feedback received from the two extremes may be more honest, well thought out and meaningful coming from those who take the time to complete evaluations. On the other hand, when required of students, one benefit is that a more complete picture of the class's impression is gathered since all students' voices are captured. One downside, however, is that students tend to provide less open-ended feedback and may rush through in order to fulfill a required activity. While the end of semester student evaluations are important, the faculty member may desire more timely feedback on teaching. A few examples of direct and on-the-spot feedback include class attendance, student engagement in class, quantity and quality of clarifying questions, and quiz/exam scores. Some institutions hold mid-semester student focus groups, which provide meaningful insight from the students. Faculty may also seek the feedback of colleagues by asking a peer to sit in on a lecture. Peer evaluation is formally incorporated at some institutions; this may consist of a team of peers made up of one member at a similar rank and experience level as well as a more experienced faculty member to the faculty member being evaluated. This team is asked to evaluate the entire module from objectives, pre-work assignments, in-class delivery of content, to assessment strategies and exam questions. Verbal and written feedback, alike, is provided to the faculty member. If a formal process does not exist, developing a similar process to obtain this level of feedback is recommended, as peer feedback has been demonstrated to lead to improvement in teaching.<sup>4</sup>

For clinical faculty involved in experiential teaching, midpoint and final evaluations completed by students and/or residents are an excellent source of feedback. One suggestion for those seeking more consistent and timely feedback is to implement a weekly, bidirectional feedback session with the learner, for example "Feedback Fridays," outside of this formalized method. [Table 1](#) delineates additional select examples of feedback on teaching.

### *Clinical practice*

Feedback from clinical practice is less tangible. Anecdotally, clinical faculty often report feeling unsure of success. Although there is great variability in clinical practice sites across institutions, sources of feedback overlap ([Table 1](#)). Feedback comes from coworkers/multidisciplinary teams, clients served, as well as patients/caregivers. While these individuals may not directly provide the verbal feedback, other clues may indicate positivity or negativity. Globally, feedback can come in the form of invitations to help with a special project, serve on a committee, provide clinical recommendations on patient care, and benchmarking, to name a few.<sup>5</sup> Across practice settings, additional forms of feedback on clinical practice may come in the form of establishment of collaborative practice agreements or achievement of additional credentialing or certification. Specific measures of success vary depending on the practice setting, institution type, and pharmacy-practice model. However, examples of demonstrated success in the ambulatory care setting can come from quantitatively tracking referrals or consults requested, and/or an analysis of the amount of responsibility granted for patient care activities. In the inpatient setting, select examples of successful practice may come from expansion of pharmacy service(s), achievement of greater practice autonomy, or an invitation to develop or revise clinical practice guidelines.

### *Scholarship*

Scholarship may be in the form of research, manuscript writing/publication, grant writing, and presentation, among other types. The faculty member who recognizes and responds positively to the many sources of scholarly feedback will find success ([Table 1](#)). For manuscript writing, the peer review process provides excellent insight for improvement. Likewise, the response regarding submitted grants is an excellent form of feedback. Even when grants are not awarded, feedback may accompany returned grants. Utilization of this feedback is valuable for growth and development of grantsmanship and research initiatives. Acceptance or rejection of submissions of abstracts, posters, research or platform presentations at professional meetings, serves as critical insight on the quality of work. When presenting at a professional meeting, it is common, also, to receive feedback from meeting attendees. To facilitate success as it pertains to scholarship, it is suggested to collaborate and work effectively with peers and to seek mentorship along the way. This is useful in enhancing the quality as well as quantity of scholarly output.<sup>6</sup>

Beyond the above described, an important source of feedback in academia across all facets comes from self-assessment and reflection. Both quick as well as comprehensive self-assessments are valuable. Quick reflections throughout the year are helpful to assess ongoing progress and provide guidance to the faculty member. As an example, one may reserve a block of time after each lecture to reflect on how the lecture felt, questions that arose, and portions of the lecture to change for the following year. This type of reflection promotes personal growth and development, and it serves as the basis for formalized annual evaluations. Some schools have each faculty member write a comprehensive self-evaluation that requires extensive self-reflection covering each facet of role responsibilities (e.g., teaching, clinical practice, and scholarship) at the end of the year. These require faculty to reflect on accomplishments of the year and review progress towards short- and long-term goals, including steps towards promotion. Self-reflection and

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