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Review

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Providing feedback to learners in outpatient and ambulatory care practice settings

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Abstract

Background: Feedback is consistently recognized as essential for growth and development of both students and residents in experiential teaching. Providing adequate feedback remains a persistent challenge for preceptors in both outpatient and ambulatory care practice environments. These practice settings are characterized by a variety of factors that may negatively affect preceptors' abilities to provide meaningful feedback, including immediate patient care needs and unpredictable patient cases in an often fast-paced practice environment. Additionally, learners in these environments have high visibility within these practices due to an emphasis on direct patient care and interprofessional provider interactions.

Purpose: In this article, we define feedback and its importance, identify challenges unique to the outpatient and ambulatory care practice settings, and describe clinical teaching models that support effective, timely delivery of feedback in these settings, including modeling, coaching, questioning, and the five-step microskills model for clinical teaching and feedback.

Conclusion: To effectively address unique needs in these settings, preceptors can draw from existing clinical teaching models and communication strategies described in the literature.

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Introduction

Providing feedback during experiential, or practice-based, training is essential to help student pharmacists and pharmacy residents develop clinical skills in a real-world environment.^{1–6} Accrediting bodies for both pharmacy education and residency training programs recognize the importance of providing meaningful feedback in practice-based education. Within Doctor of Pharmacy educational programs, the Accreditation Council for Pharmacy

Education (ACPE) standards emphasize feedback in both didactic and experiential education and the 2013 Center for the Advancement of Pharmacy Education outcomes provide guidance on the role of feedback in developing student leadership and communication skills.^{7,8} The American Association of Colleges of Pharmacy (AAPC) has also recognized the importance of preceptor feedback through incorporation of this element into the Academic-Practice Partner Initiative (APPI) preceptor-specific criteria for excellence.⁹ The American Society of Health-System Pharmacists (ASHP) further requires that preceptors for accredited residency programs receive training and should be able to provide criteria-based feedback to residents.¹⁰

Although the need for feedback is universal in all practice settings, preceptors in different practice environments face

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varied challenges in providing meaningful feedback to learners. In the outpatient and ambulatory care practice settings, the rapid evolution of patient care services in recent years has prompted increasing requirements for training and education of both students and pharmacists.¹¹ Pharmacists are increasingly incorporating medication therapy management and other patient care services as the pharmacist's role further transitions to one of a clinician and provider in these settings.¹² This shift in pharmacists' responsibilities, coupled with the fast-paced and sometimes unpredictable world of meeting immediate and direct patient care needs, adds to the challenges that preceptors face in this setting to consistently deliver meaningful feedback. According to the 2013 AACP national preceptor survey, community pharmacy and ambulatory care pharmacy comprise more than 40% of experiential practice settings.¹³

It is important that outpatient and ambulatory care pharmacy preceptors are equipped with knowledge of practice-based feedback models and strategies that have been tested in similar practice settings. This article defines feedback, its importance, and the opportunities and challenges specific to outpatient and ambulatory care pharmacy practice settings. It also describes tested clinical teaching models that support effective and efficient methods to deliver feedback in these patient-centered practice settings.

Definition and importance of feedback

Feedback provides ongoing, formative evaluation for refining performance with a goal of guiding learners to improve. Providing feedback in many ways resembles a "coaching" process for athletes in training.¹⁴ Simply stated, feedback is "information about how successfully something has been or is being done."¹⁵ Feedback is informal and should be given in a timely manner and on a regular basis to help learners assess clinical performance and keep them on track for achieving the goals of the practice experience. In outpatient and ambulatory care settings, feedback is typically based on a patient consultation or skill performed by the learner that was observed by the preceptor.^{16,17}

In contrast to ongoing and formative feedback, summative evaluation is usually provided at the midpoint or conclusion of a practice experience and is based on the preceptor's judgment of a learner's performance.¹⁴ Although feedback (formative evaluation) and summative evaluation can involve similar steps such as identifying what is to be evaluated, collecting data, and communicating findings to the learner, they are distinctly different.¹⁸ Summative evaluation is used for making decisions about competence, promotion, or advancement. This process is usually formal and gives a final assessment (or grade) of a learner's overall ability to meet competencies. **Table 1** compares formative and summative evaluation processes.

The importance of feedback for learning and improving performance in a practice-based setting is well documented in the literature and not unique to the practice of pharmacy.^{1–6} Feedback encourages learner interest and

Table 1

Characteristics of formative evaluation (feedback) in contrast to evaluation

	Formative evaluation (feedback)	Summative evaluation
Basis	Observation (assessment)	Observation (assessment)
Content	Objective	Objective
Timing	Immediate, timely	Scheduled
Setting	Informal	Formal
Scope	Specific actions	Global performance
Purpose	Improvement	"Grading" and improvement

Sources: Ende¹⁴ and Roberts.¹⁸

motivation.^{19–21} As adult learners, student pharmacists and residents may present to experiential training sites with different levels of knowledge, experience, and professional self-esteem. Feedback is critical for adult learners who often appreciate being involved in the learning process and are driven by evidence of progress.²² In addition, studies show that learners value feedback and that feedback is linked to satisfaction with preceptors.^{23–30} Feedback is particularly important for student pharmacists and residents learning to become independent practitioners by applying their knowledge and clinical skills.³¹

Experiential programs offer pharmacy learners a variety of "first-time" opportunities to apply classroom knowledge to real patient problems. By fostering an open environment that encourages dialog and feedback, preceptors encourage critical thinking, independence, and self-reliance.³² Self-efficacy is confidence in one's self to be able to competently perform a skill or behavior.³³ In experiential training, effective preceptors serve as mentors, offer nonjudgmental support, and show interest in learners' thoughts and reasoning through the use of feedback. In this way, preceptors can build student confidence and self-efficacy in providing direct patient care through appropriate use of feedback.^{22,32,34,35}

Additionally, effective feedback encourages accurate self-assessment in learners.¹⁴ Beyond basic technical skills and knowledge, feedback helps students assess their overall impact and reflect on their own values, style of patient care delivery, and how they are perceived by others.³⁶ This ability pays dividends far into the future and enables learners to identify their own learning needs for professional performance improvement. Through reinforcing satisfactory performance and indicating how inadequate performance can be improved, preceptor feedback engages learners in developing skills of self-assessment.^{15,37} A survey administered by Hill and Kirkwood³⁸ to faculty preceptors and fourth-year student pharmacists during their last month of APPEs found that students assessed their skill levels higher than preceptors did in 94% of pharmacy skill categories. This is consistent with other literature that suggests that learner self-assessment tends to differ from actual performance.^{39–47} In his seminal article on feedback, Ende states that lack of feedback can result in students generating their

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