TEACHING / LEARNING WORKSHOP
A TOOLKIT FOR RESIDENTS &
PRECEPTORS – PART 2

UC San Diego Skaggs School of Pharmacy
and Pharmaceutical Sciences
27 August 2011

TOOLKIT FOR ASSESSING STUDENTS

Fun in Academe 101B: Filling out Evaluation Forms
How can I be objective?
What can evaluating them tell them about me?
Objectives & Expectations

Discuss with your students the important aspects of how you will be assessing them

1. Review the standard UCSD Student Pharmacist Evaluation Form for applicability to your service and, if necessary, modify or delete descriptors to reflect a more accurate picture of the competencies you expect your students to attain.

2. Suggest at least one or more new evaluation scales that could be incorporated into your rotation’s Evaluation Form to document any competencies that may be missing on the most recent form.

3. Rewrite the scale that you are adding as an objective that conforms to the ACE criteria found in Part 1 of the Syllabus (pp. 3-7).

4. Take time to review your modified evaluation form with your student to clarify and emphasize key goals and objectives that you use to measure his or her competency on your service.

Teaching/Learning Toolkit
for Residents & Preceptors – Part 2

Table of Contents

Objectives & Expectations...................................................................................................... i
Goal .................................................................................................................................... 1
Student Evaluations .......................................................................................................... 1
Use a Systematic Process When Evaluating .................................................................... 1
Tailor Your Performance Evaluations to Each Student...................................................... 1
Be Objective (as much as you can) .................................................................................... 2
Show Respect and Demonstrate a Positive Attitude.......................................................... 2
Tweaking the Evaluation Form to Conform to Your APPE Course................................. 2
A Lesson from Medical Students Who Perform Poorly in Clinical Assessment Skills? ....... 3
Take home message ............................................................................................................ 4

Please feel free to contact me for any assistance I may be able to provide related to your teaching activities.

Kenneth W. Lem, Pharm.D.
Halfalemon@gmail.com

© Kenneth W. Lem
Goal

With regard to your teaching, to provide at least one “Ah-hah” experience today, that is, for you to learn and do something that will enable students to better learn from you.

Student Evaluations
Any evaluation of a student pharmacist's performance should measure the degree of success they achieved in meeting the course or rotation’s objectives. If the objective is achieved then we can say that there was a desired behavior change, and we can conclude that learning took place. The student, then, is one more step closer to achieving the goals of the rotation.

What does it mean if the objective is not met? Oh, oh. That means that there was a problem in the process. Under these circumstances, it would be important for a concerned preceptor to try to assess where the learning broke down by referring back to the Teaching/Learning process (see the T/L process chart on p. 3 of the Syllabus – Part A).

Writing up a performance evaluation on student performance can be a laborious task, and this format is unable to carry on an interactive dialogue that can provide productive feedback. Thus, performance evaluations are typically conducted orally on a one-on-one basis. Although this method is more efficient, to be effective it requires pre-planning by the preceptor. An excellent preceptor will put much thought into the evaluation so that the session will reflect a systematic and tailored approach for each student that incorporates fairness and objectivity.

During the evaluation, it is also important for you as a preceptor to be professional, show respect and demonstrate a positive attitude. Here is a breakdown of these components and some suggestions on how to address them.

Use a Systematic Process When Evaluating
As with a lecture presentation or at the rotation orientation, do the “4 tell ‘ems”:

- Tell ‘em what you are going to tell ‘em
- Tell ‘em
- Tell ‘em what you told ‘em
- Tell ‘em what to do with the information you told ‘em

Next, give them the ground rules and the procedure you feel comfortable with and will be using. For example:

- I’ll comment, then I’d like you to respond or
- I want you to fill this out and then we will compare notes or
- I’m going to key in on the specific areas where I judge you are doing well [or exceeded my expectations]
- I will also point up items where some specific aspects can be strengthened [or where some improvement could be worked on]

Tailor Your Performance Evaluations to Each Student
With the array of behaviors found on your Evaluation Form, do not just focus on the ones that you rated low, focus on the areas that you rated high as well. As with a lecture, your student will probably remember only some key things that you emphasize. So stress things that will have the biggest impact, the items that are highly praiseworthy and the ones that could be most improved. Your student will still have the document to refer to for the rest of the satisfactory items.
Praise them on what they do with high competence, and tell them how you feel about it. You want to encourage more of the same from them.

Comment on what they need to spend more effort on so they will be able to eventually excel in performing that activity. Also, tell them how you feel now about it and when they eventually perform to the level you set. Speak to the adult learner in them and mention what mastering that skill will mean to them and the patients they serve.

Be Objective (as much as you can)
Beforehand, look at the specific items on the Evaluation Form and think about picking the precise verbs to describe the activity so the student will know exactly which of their behaviors was proper or improper. Try to avoid broad generalizations and judgmental words. Generalizations to avoid are words and phrases like:
- ...did or did not “know” about something
- ...were or were not “familiar” with a procedure
- ...gave a “good” or a “poor” presentation

Judgmental words to avoid include:
- Right
- Wrong
- Wonderful
- Should
- Shouldn’t
- Perfect
- Lazy
- Terrible
- Stupid
- Bad
- Terrible

As much as possible, use specifics (see list of verbs for objectives in the Teaching / Learning Workshop Syllabus-Part 1 [pp. 5-7]). If you happen to have a habit of using judgmental words, like many of us, just remember to follow them up with action verbs that are specific.

Show Respect and Demonstrate a Positive Attitude
By definition, you are a professional, and so are the student pharmacists you mentor. Each of them, after all, is less than one year away from becoming one of your colleagues. Especially at this time, when they are just “this close” to becoming practitioners without strict supervision, you can be a crucial role model for them. How you behave during their performance evaluation may be a model for them when they become preceptors to their own interns and students. Few new practitioners are taken aside in the workplace and given lessons on how to evaluate their interns, so the only thing on which they will have to model their behavior is you.

So the attitude that you display during the performance evaluation can influence your student’s developing attitude and perception about becoming a mentor him or herself in the future.

Tweaking the Evaluation Form to Conform to Your APPE Course
As you scan the categories and the variety of criteria on which you are to evaluate your students, you may say to yourself that this or that criterion does not apply or this item will get an N/A. Perhaps you wish to modify or add a new one that is peculiar to your rotation. If so, by all means do! For the student’s benefit, we encourage you to tweak the form to reflect your service and to make it more meaningful for the student (see the footnote at the bottom of both sides of the evaluation form).

Here are some additional scales to give you some ideas about individualizing your evaluation form for your APPE. If any of them apply to your service or you write your own and wish to include them, we encourage you to modify the form on your own.

I. DATA COLLECTION AND INTERPRETIVE SKILLS
- Command of the material
  - Deftness of recall of critical information
  - Mastery of concepts and ability to apply in practice
II. DRUG THERAPY CRITIQUE AND PLANNING
- Defends therapeutic decisions
  - Reasonableness of position
  - Cost to benefit arguments

III. COMMUNICATION AND PROFESSIONAL BEHAVIOR
- Creation of environment conducive to discussion
  - Skill in facilitating flow of information among patients, staff
  - Introduction of dominance or bias
  - Ability to modulate opinions to facilitate discussion or collaboration
- Willingness to accept constructive criticism
  - Ability to build on past experiences and make adjustments
- Listening characteristics with those to whom he/she is talking
  - Level of attention given to speakers
  - Amount of eye-contact
  - Appropriateness of non-verbal behaviors

IV. PERFORMANCE IN A CLINICAL SETTING
- Ability to bridge book learning to a working clinical environment
  - Ability to focus on issues and tasks at hand
  - Application of basic science concepts to clinical practice

V. OTHER DESCRIPTORS THAT COULD BE INSERTED IN MORE THAN ONE CATEGORY
- Self-initiation
  - Initiates project or other activities
  - Follow-up
  - Informs about progress of projects or assignments
- Meeting deadlines
  - Consistency in meeting deadlines
  - Thoroughness of research in time allotted
- Response to critiquing
  - Willingness to modify work according to feedback
  - Welcomeness to feedback and critiques

A Lesson from Medical Students Who Perform Poorly in Clinical Assessment Skills?\(^1\)
A survey was taken of medical students who performed poorly in their comprehensive clinical skills assessments. The authors also tried to characterize of the types of problems they had and if strategies could be demonstrated to remediate the deficiencies.

The good news was that problems that related to taking histories and doing physical exams were considered to be correctable. Students whose problems resulted from “inadequate knowledge” or “poor clinical reasoning ability” were harder to correct. The bad news is that the authors found that those who were deficient in non-cognitive skills, i.e., interpersonal skills or “professionalism problems” due to “lack of insight,” were most resistant to being corrected.

Take home message

At its best, performance evaluations of students will offer you a(n)
- Method of checking their progress in learning clinical skills
- Opportunity to provide productive feedback to them
- Way to identify learning difficulties
- Means to endorse their competency
- Way to improve your own teaching