**UNIVERSITY OF BRITISH COLUMBIA**

**DOCTOR OF PHARMACY (PHARM D) PROGRAM**

**STUDENT-TO-PRECEPTOR FEEDBACK WORKSHOP**

**Workshop Date & Location:**

Tuesday, October 28, 2014. 4 pm – 7 pm.

Faculty of Pharmaceutical Sciences, Room 3101

**Workshop Leaders & Facilitators**:

Isabeau Iqbal, PhD (Educational Developer, Office of Educational Support and Development, Faculty of Pharmaceutical Sciences)

Gary Poole, PhD (Professor, School of Population and Public Health)

**Workshop Details:**

This workshop will consist of discussions and role plays relevant to students who seek to give effective feedback to their rotation preceptors. In this workshop, we will explore potential challenges that may arise when having to deliver constructive feedback, and we will generate strategies to overcome these. To facilitate the dialogue and illustrate potential scenarios that may be encountered by students while on rotation, the workshop facilitators will use cases created by the UBC PharmD faculty and by the students, based on their own experiences.

The workshop has been offered since 2010 for students in the UBC PharmD program.

By the end of the session, students will be able to:

* Articulate challenges in providing constructive feedback to preceptors (via case study and their own experience).
* List at least 5 widely accepted techniques for providing feedback and articulate how to adapt these to improve the feedback process with their preceptor
* Practice strategies for providing constructive feedback (role play)

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Please attribute the work of Gary Poole and Isabeau Iqbal is modifying or using any part of this lesson plan. (Exception: Case studies should be attributed to the UBC PharmD program)

**CASE SCENARIOS FOR DISCUSSION**

Case studies A, B and C were developed by the UBC PharmD program.

**CASE A:**

You are on your critical care rotation. You are generally enjoying the experience because of its many positive aspects: great patient population, excellent medical team and learning environment, and a very knowledgeable preceptor. However, there are a few things that are frustrating you about this rotation. The preceptor is a very busy clinician who meets with you at the end of each day to go over your patients and to have therapeutic discussions. During these meetings, you feel that she does most of the talking and doesn’t give you the time to formulate responses or a plan but jumps in herself. She often answers the questions she’s asked you! You are not feeling challenged or that you have had enough opportunities to demonstrate your skills and abilities or ask questions of *her*. It is currently week 3 of rotation and you tried to bring this up during the mid-point evaluation discussion last week, but things have not changed. Your main concern is that you will be doing another rotation with her in 2 months (a critical care research rotation) and you fear that the same issues will be repeated.

How would you complete point # 11 on the evaluation form (“The Preceptor held well organized, relevant therapeutic discussions with me regularly”)?

**CASE B:**

You are on your Internal Medicine rotation with a preceptor who is also your Program Director for the PharmD Program. It’s the start of your 2nd week and you are discouraged by how the rotation is going. You are enjoying your interactions with the preceptor and all that you are learning from him; he challenges you and provides you with many opportunities to learn. However, you are quite concerned about the ward environment and the medical team members (who do not seem particularly interested in having you participate in their daily rounds). They seem to continue to page your preceptor with their questions rather than bring them up to you directly and he seems to have a hard time requesting to them that these be addressed with *you* instead. You brought this up with your preceptor last week and he encouraged you “hang in there, the team will warm up to you with time” but things don’t appear to be getting better. You are due to have your mid-point evaluation in 4 days so you are hoping to bring this up again. However, given that he is your Program Director, you are feeling awkward and anxious about how to best address your concerns with him.

**CASE C:**

You are at Western Memorial Hospital completing your Emergency rotation, which is your 9th rotation. You have completed rotation # 2 (psychiatry) at that institution and have been so impressed with the Pharmacy Department, the facility, and the learning & teaching environment that you are hoping to get a job there after graduation. You have heard that there will be a job opening coming up. Your concern, however, is that the psychiatry rotation went “ok” but not great (this was a new clinical area for you and your preceptor identified a number of things for you to continue to work on) and in this current rotation, your preceptor is not what you had hoped for. As one of the Pharmacy Department Managers, he is busy most of the day in meetings and although available via pager, has had to cancel a number of discussions you two had scheduled. You are also feeling that he doesn’t challenge you enough during these discussions: he simply listens to your patient reports and asks you basic questions only. He has commented that he strongly believes in students providing him with feedback on the rotation and his precepting, which has encouraged you to think about your up-coming mid-point evaluation; however, you are anxious about having to provide *negative* feedback knowing that he himself will be involved in the interview panel when it comes to hiring for the up-coming job opening.

**Workshop Plan**

**Workshop Duration**: 4 pm – 7 pm

Room 3101 PharmSci

October 15, 2013

8 participants

Will have completed 6 (of 12) rotations.

**Before Session:**

- Patricia will order fruit, cookies, drinks. (3:45 pm)

- Write agenda on flip-chart or white board; write learning objectives on f/c

- Write instructions for scenario writing

- Copies of the case studies

- Copies of Gary’s Giving Feedback UChile

- PowerPoint template (Isabeau)

- Feedback forms

- Name tags

Equipment/supplies needed

F/C (1)

Flipchart markers and overhead pens

LCD projector and computer

Timer/clock

H/O = handout

O/H = overhead

F/C = flipchart

FB = feedback

W/B = white board

**During Session:**

**Welcome and Introductions (4 pm – 4:15 pm)**

Welcome (welcome to workshop). (House keeping) (Isabeau & Gary)

Introduction of participants – We know you know each other well…but, for our sake, please say your name and one “fun fact” about you (that others in your group are not likely to know).

Introduction of facilitators – Isabeau and Gary (1 min). Communicate that we are familiar with the PharmD program.

Present learning objectives – Isabeau (1-2 min) (on W/B or F/C)

By the end of the session, students will be able to:

* Articulate challenges in providing constructive feedback to preceptors (via case study and their own experience).
* List at least 5 widely accepted techniques for providing feedback and articulate how to adapt these to improve the feedback process with their preceptor
* Practice strategies for providing constructive feedback (role play)

Ask learners if they wish to add to these objectives or modify them in any way.

**Agenda** (F/C) – GP reviews

**Introduction to workshop** - Isabeau

Brief history of the workshop and that we modify it each time based on feedback. (they know this history, but we can remind them)

Establish trust and calmness. (Confidentiality)

Clarifying role expectations – Isabeau (1 min) (make the point that there is considerable expertise in the room and we are not there to tell them how to do this, but will be drawing on our collective experience)

**Activity 1 (4:15 – 4:35 pm)**

Phrases/words “Wallpaper” – Gary facilitates, Isabeau scribes on whiteboard

* Call out words, short phrases that come to mind when you think about your practicum experience (record on flipchart or white board)
* (take a moment to look at the words on the wall – stand up if necessary)

Next, you’re going to think about giving feedback to your preceptors.

* on your own, take a moment and think about/jot down challenges that come to mind regarding giving feedback to your preceptors. We are going to ask you to share these out loud in just a minute.
* Students say them, Gary helps distill, and Isabeau scribes on F/C or white board

Let’s look at how this plays out by looking at some cases. These cases are hypothetical, but are based on reality. Take a few minutes to read these on your own to see if the cases here, which were written by program directors, bring up any additional challenges that we didn’t capture a few minutes ago.

Gary continues to facilitate….(hand out cases)

3 Case A

3 Case B

2 Case C

Give students a few minutes to read their individual case.

Then, facilitator leads discussion for each case – quick summary of the case for the benefit of those who did not have the case; what were the key challenges illustrated in the case when it comes to giving feedback

From the lists you’ve generated so far, which happen most often? Which are the biggest concerns to you? (Is anything missing?)

**Activity 2** (4:35-6:05 pm) + bio break at some point - Isabeau

**Intro and warm-up (4:35-4:45)**

We are now going to switch gears.

Has anyone here done some acting or popular theatre?

For the rest of the session, we are going to do something entirely different. You will be participating in role plays and role play-ish types of activities that are meant to surface some of the issues and internal dialogue related to feedback.

By doing so, we draw on the collective wisdom in the room and also help to build our resilience.

Because these activities require us to use our bodies and to think not only with our intellect, but with other senses, we are going to start things off with an activity called “Fill the empty space”.

I facilitate:

I’m going to give you some directions and you are going to listen closely to what I’m saying and follow these directions:

* on your own, walk in the room (slowly first) - try to fill up empty space
* be aware of the spaces between you and the other people, and the space between you and the walls, chairs and other objects.
* now, walk a bit faster but DO NOT RUN into each other (and keep trying to fill up empty space!)
* once they have gone as fast as possible, I call FREEZE
* now, I want you to link arms with someone else and walk slowly around, trying to fill up the empty space
* keep going, now faster and faster….
* (may or may not do this one) FREEZe – now I want you to link up as a threesome so you’ll have to break up and form new groups.

Debrief in a circle

* What happened?
* In what way does this link back to your life as a student interacting with preceptors?
* What are the connections to feedback?

The next activity is more sedentary to begin☺

**Role plays (4:45 – 4:55/5:00)**

For the next activity, you are going to work in 2 groups of 3 and 1 pair.

Set up the next activity (explain purpose and structure).

ALL 3 groups do this:

(10 minutes) Students get into small groups. Take 5-7 minutes to describe to one another an example of challenging feedback that you have experienced, or feel you might experience.

For each example, address the question:

“What makes this situation challenging?” Pick from the list we have created (in Exercise 1) and/or identity new challenges, from your own perspective.

One pair and 1 trio are going to do the following:

(explain, then go out of the room with the other trio)

(5 min) Select one of your own examples (or blend them together) and develop a skit that you will perform. (5 minutes). Your skit should be a “realistic” representation of how things went. Your skit should be no more than 4 minutes long.

Gary – once students are done this part, please rearrange the room in a way that’s suitable. I might need a few extra minutes with the group I take outside.

Outside the room, with the trio explain:

* you are going to do an activity called a tableau.
* How it works: you are going to choose one story. The person who told the story is going to think of one particular scene from that story (and NOT going to talk about it). The person is going to sculpt the other 2 people and then also put themselves into the scene.
* (demonstrate, if necessary, using a story where I’m in a meeting and really annoyed with one of my colleagues who I feel is being unfairly critical of my work).
* You are going to be doing this tableau in front of the others and we are going to be adding to it in ways that I am not going to describe to you until we are back as a group.

Give a few minutes for group to do tableau.

Come back to room, Move chairs, create a stage, take a bio break here as needed.

**Group 1 (Pair) (5:10 pm – 5:30 pm)**

This pair is going to perform their skit once through.

Then, they are going to repeat it with a bit of twist.

In version 2: you’re going to repeat your skit, however, this time around, we’re going to hear the thoughts going on in your head.

Get people stand in circle around the actors as they perform.

Explain how thought bubbles work.

Debrief as a group (Gary scribes and chimes in with awesome explanations/elaborations)

(1) helpful phrases that could be used in this situation; (2) more challenges that arose from examples; (3) ideas regarding general approaches.

 (skits – 4 minutes; debrief 5 minutes; transition 2)

**Group**

 **2 (trio) 5:30-5:50 pm??**

Invite the next actors up.

Watch skit

This time around, you are going to replace one of the actors and become part of the scene, taking the scene in another direction. Try to think of productive approaches to the situation.

(audience sits in semi circle around the actors. When you want to replace, you call “freeze” and then go up and move into the role you want to take on).

Debrief:

(Gary scribes and chimes in with awesome explanations/elaborations)

(1) helpful phrases that could be used in this situation; (2) more challenges that arose from examples; (3) ideas regarding general approaches.

Group 3 (trio) 5:50 pm – 6:20 pm

Isabeau explains – tableau – moment in time, you don’t know the story and that’s part of it.

What happens next is not something I’ve prepped the actors for.

I am now going to ask each of the actors to start a monologue. When I count to three, you are all going to start talking at the same time and carry out short monologue of the scene as YOU see it in that moment and unfolding from that moment on. Think of 1-2 phrases that capture what your character is feeling in that moment and you are going to say them outloud. (just talk in normal voice)

Keep going, and repeat.

3-2-1: start

Freeze.

I’m now going to tap you individually on the shoulder and you are going to say your phrases out loud and on your own.

Then, tap each individually: what do you want IN THIS MOMENT? (refocus – YOU WANT?)

Sit in circle and debrief.

Ask others “what else did this character want?” (greatest desire)

What was this character’s greatest fear?

What might this character have said or done to get what she wanted?

(1) helpful phrases that could be used in this situation; (2) more challenges that arose from examples; (3) ideas regarding general approaches.

(depending on whether we have time or not, I could present the learner/judger)

**6:20 - ?? pm Large group debrief and wrap-up (Gary)**

You’ve had a chance to work with cases, with your own experience, are there any scenarios you’d still like to address?

What did you learn? How was that? What was easy? What was difficult? Why?

Where else is this applicable?

Soon, you will be preceptors…

Feedback to the program –are there things you’d like us to bring forward to the program directors?

Isabeau will record on the PowerPoint.

Summary – Gary facilitates “participant take-home” messages (top 10)

Feedback forms (give them at least 5 minutes to complete)