



Assessing Performance

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Consider the following situations

- You are responsible to assess a resident's performance in a required rotation. Preceptorship duties are being shared with another pharmacist.
- As the primary preceptor, you are responsible to ensure performance assessment of a resident who is doing an elective rotation but you are not a member of the care team and in fact, the team doesn't have a pharmacist assigned to it at all. You connect daily with the resident by phone, fax, text, or Skype.
- As a new residency preceptor you got oriented to an endless number of forms that you need to complete – but the forms don't seem to reflect aspects of performance that you think are essential for good care.

Which situation would you find most difficult to manage?

- a) Precepting a resident when performance assessment duties are shared with other pharmacists.
- b) Precepting a resident when performance assessment duties are shared with other members of the healthcare team.
- c) Being a new preceptor with responsibility to use “assessment” tools made by others.

Objectives

After completing this webinar, participants will be able to:

1. Describe the principles that underlie an effective performance assessment system.
2. Explain how to construct a rubric.
3. List at least four types of evidence that can be used to assess performance.
4. Reflect upon organizational and personal barriers to conducting effective performance assessment and identify opportunities for improvement.

Previous CPRB Webinars

November 2013

[Austin. Principles of framing and delivering effective feedback to pharmacy residents](#)

May 2014

[Sengar & Chiu. Goals and Objectives – What' the difference anyways?](#)

Performance Assessment: What is it?

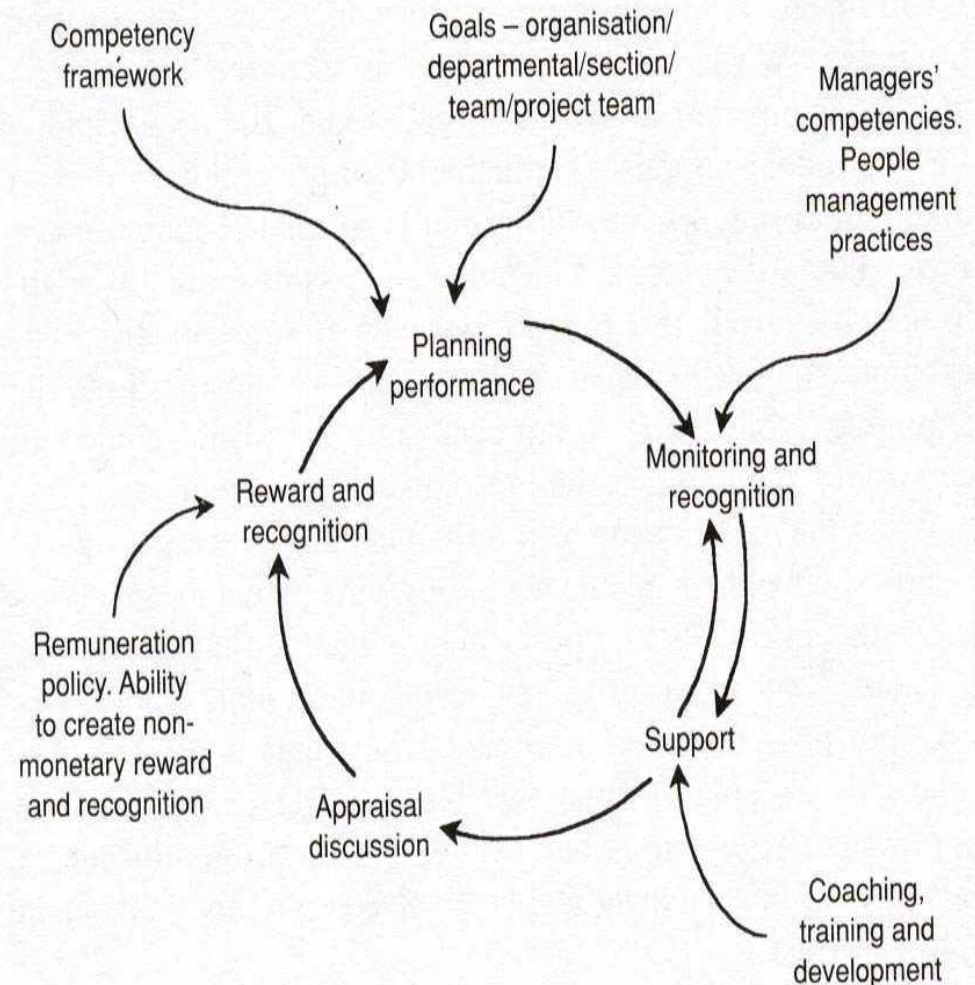
- It requires students to demonstrate that they have mastered specific skills and competencies by performing or producing something.
- Verbs associated with objectives for which performance assessment is done often include:
 - Design, develop, create, build, make
 - Perform, play, orate, carry out, conduct
 - Work with
 - Show proficiency, be competent
 - Develop-interpret-use

Performance Assessment is not Performance Management

Performance management (tool) is all about:

- measuring (assess),
- monitoring (appraise), and
- enhancing (develop, recognize) the performance of individuals

as a contributor to overall organizational performance (clinical audit; quality assurance; accreditation; benchmarking)



Assessment versus Evaluation

Dimension	Assessment	Evaluation
Timing	Formative	Summative
Focus	Process-oriented	Product-oriented
Relationship between preceptor and resident	Reflective	Prescriptive
Findings & uses	Diagnostic	Judgmental
Ongoing modifiability of criteria, measures	Flexible	Fixed
Standards of measurement	Absolute	Comparative
Relationship between the objects of assessment and evaluation	Cooperative	Competitive

Inputs & Processes (Levels)

- Assessments are more focused on measuring something in order to offer feedback to document strengths and growth and to provide directives for improving future performance.
- Assessments are nonjudgmental and are designed and intended to be helpful to produce improvement.

“How did you provide [care]?”

“Tell me about (new) issues that have surfaced?”

“Which of those issues should we work to improve?”

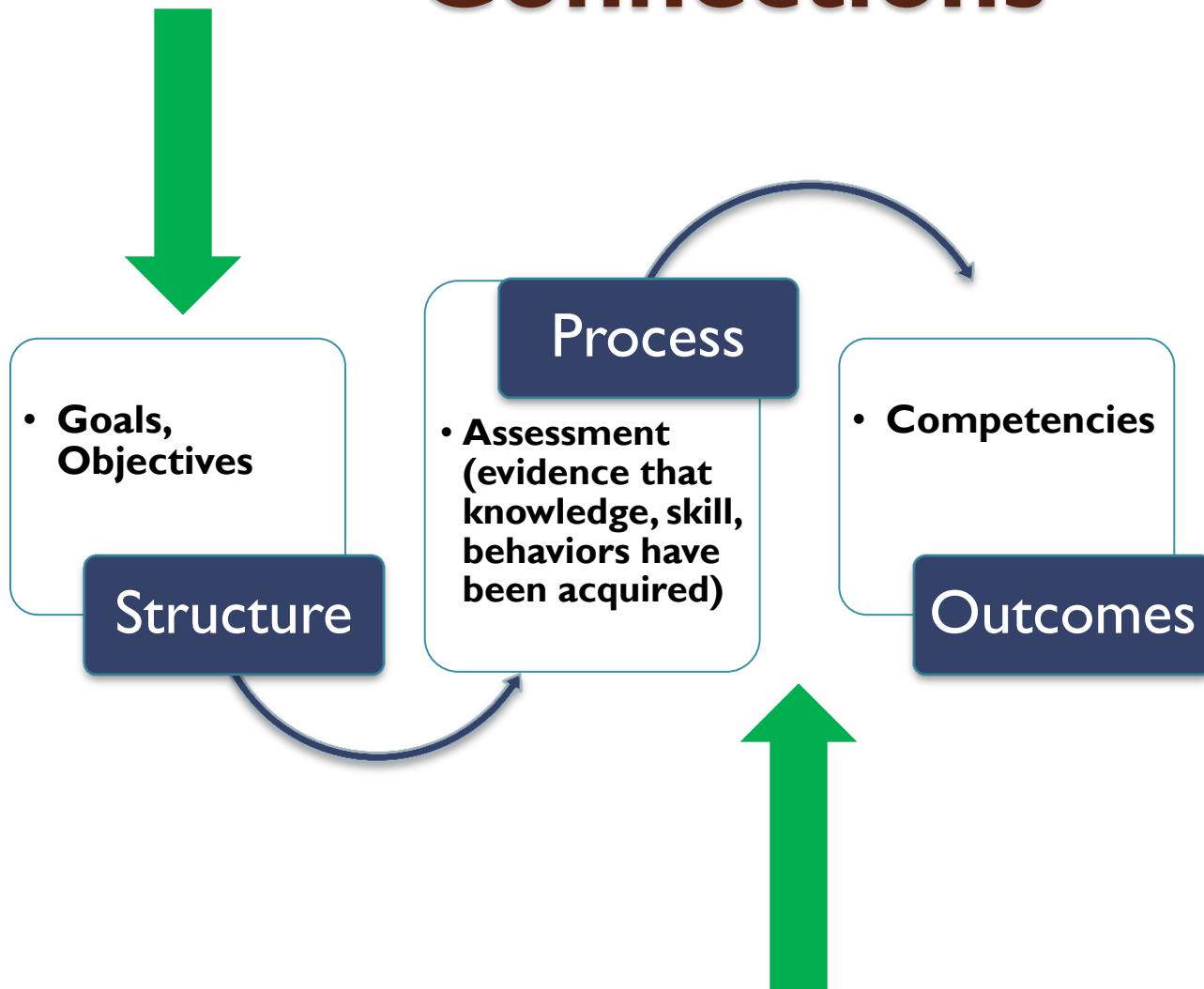
Outcomes (Quality, Quantity)

- Evaluations are more focused on making a judgment concerning the quality of a performance, work product or use of skills against a set of standards (competencies).
- Evaluations are designed for and intended to document the level of achievement that has been attained.

“What [care] did the resident provide”

“Was [care] provided in the amount and at the level expected at this point in the program?”

Connections



My most challenging assessment scenario would be if a resident came to me...

- a) With 2 prior evaluations that say “continue to work on time management”
- b) In his first clinical rotation in the residency year (resident is new to my province).
- c) Highly recommended by previous preceptors for her ability to provide care with “no apparent difficulty”.



Taking a diagnostic approach

A “Competencies” Approach to Clinical Performance

Leader

Scholar

Advocate

Professional

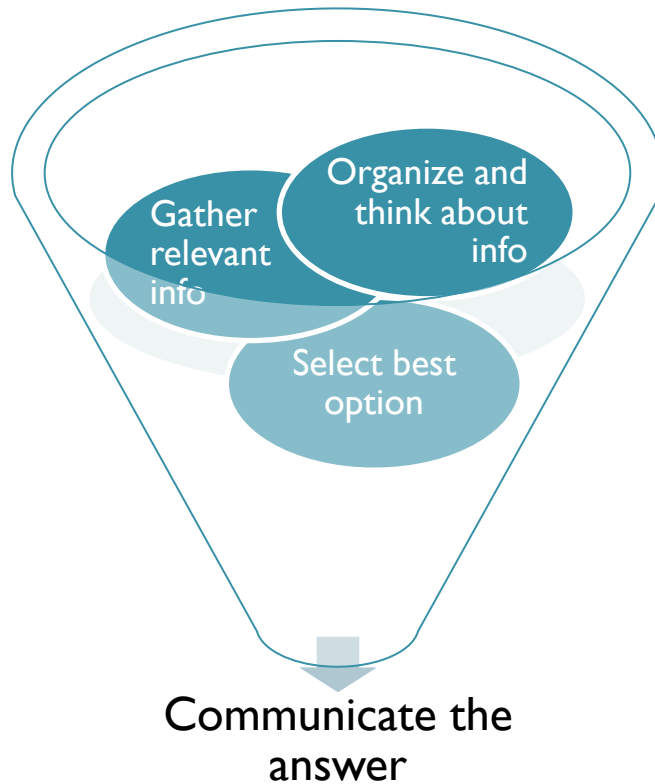
Communicator

Pharmacy Expert

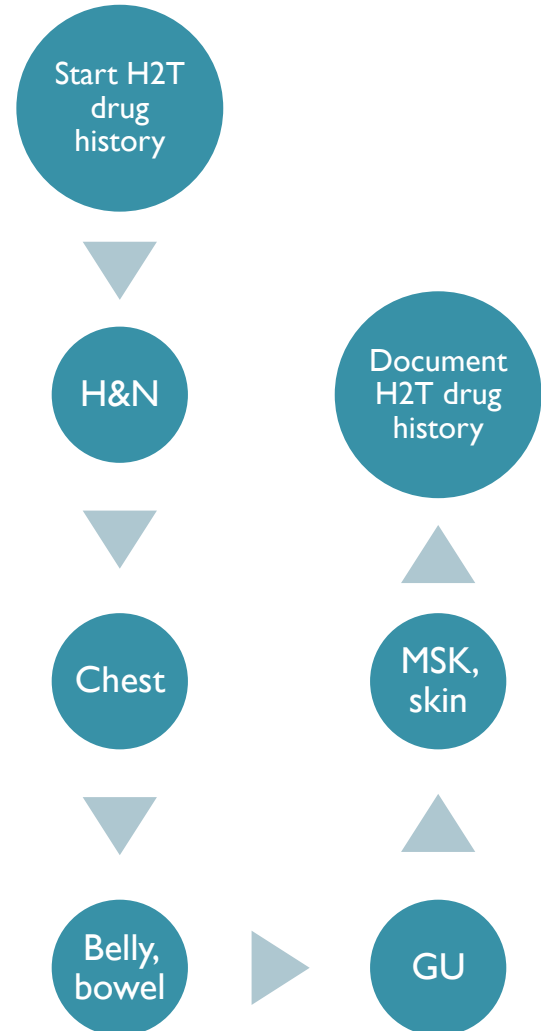
The “Functional” Approach to Clinical Performance

- Respond to DI questions (own, others)
- Assess patients (interview, physical)
- Assess pharmacotherapy
- Proactively manage pharmacotherapy (plan, prescribe, monitor)
- Recognize, prevent, manage ADE
- Educate patients & others
- Administer drug therapies
- Collaborate interprofessionally
- *Lead others*
- *Research & innovate pharmacy care*

Defining Process



"I know exactly what "good care" should look like, but I'm not exactly sure how I get there..."



What aspects of the process does the resident “own”?

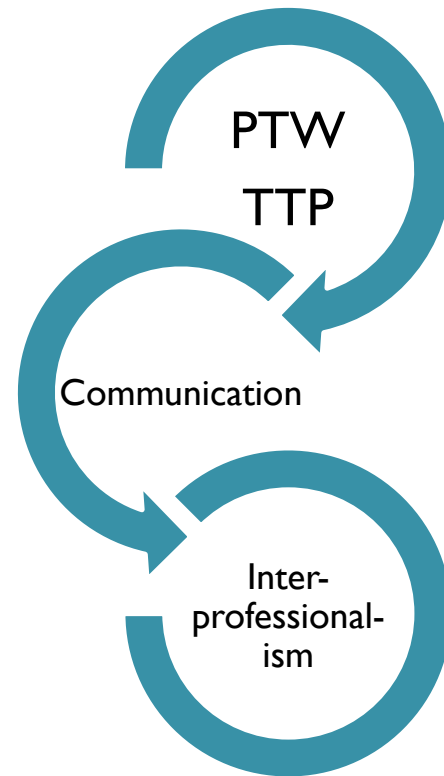
- Beware of assessing processes that are really group (team), not individual ability, effort, strategy.
 - **Ability**: innate power or capacity to reach goal
 - **Effort**: energy expended to reach goal
 - **Strategy**: the science/art of a plan, method, skill to reach goal
- Evidence should be readily obtained through observation, discussion, and available data (e.g., records).

Performance Criteria

- Define, for residents and others, the type of behavior or attributes of a product or process that are expected.
- Enable creation of a well-defined scoring system that allows the preceptor, the residents, and others to assess a performance as objectively as possible.
- Minimize inter-rater variability in assessment.
- Simplify documentation of the assessment (thereby enabling evaluation).
- Bring ease to delivery of feedback arising from the assessment.

Be selective

- Focus on 2-3 key performance areas in each week of the first clinical rotation.
- Processes that are essential to performance in downstream rotations (quality, efficiency).
- 80-20 rule



Use a systematic process to prioritize drug therapy problems

- Actual problems are prioritized ahead of potential problems.
- Problems with highest risk and immediacy related to adverse patient outcomes (e.g., harm, injury, discomfort) including satisfaction with care delivered (e.g., patient concern versus team concern; patient inconvenience versus personal or team inconvenience) are prioritized ahead of other problems.
- Problems with an opportunity for immediate resolution are prioritized ahead of problems for which additional research is required.
- Problems for which rapid resolution will facilitate overall operation of the system are prioritized ahead of other problems (e.g., prevention of unnecessary sterile compounding by resolving the problem before a compounding run occurs; prevention of a medication-related problem before it impedes client flow).

Design effective, efficient monitoring plans


- Parameters:
 - are appropriate measures of pharmacotherapeutic goal achievement
 - help you to identify “at risk” for potential DTPs
 - measure pharmacologic effect
 - measure efficacy
 - measure potential adverse effects for which prophylaxis is not feasible
 - permit dose individualization as appropriate
 - are cost effective
- Selects most reliable source for each parameter measurement
- Value ranges selected are appropriate for patient
- Monitoring plan reflects consideration of adherence

Accurately interprets monitoring parameters

- Accounts for all patient data specified in the monitoring plan
- Accounts for the patient's current condition/status
- Properly judges the reliability of the data (e.g., timing or site of collection, differences in test sites)
- Where monitoring data are incomplete, makes sound judgments in determining if there are sufficient data upon which to base a conclusion
- Interprets each monitoring parameter measurement correctly

When assessing a resident, I:

- a) Use my “best-ever” resident or colleague as a comparator
- b) Rely on explicit performance assessment criteria that I have in my head
- c) Use a structured process and tools to diagnose areas for improvement
- d) Rely on “gut instinct”



***Everybody is a genius,
but if you judge a fish
by its ability to climb a tree
it will live its whole life
believing that it is stupid.***

Albert Einstein

Select a “jumping off point” to gather evidence

Observation of Work

- staged task
- interprofessional interactions on rounds
- comprehensive/focused medication review
- focused patient interview
- caseload volume and turnaround
- inservice delivery

Preceptor Review of:

- chart notes
- consult letters
- drug info responses
- task / “to do” lists
- manuscripts
- “snapshot” reports
- blog, group email, IM chat
- learning journal

Tools: Checklist

- Yes/no format
- Absolute presence or absence of a criterion
- High feasibility & validity but low reliability (cannot always distinguish competent performance from incompetent performance)

Tools: Practice Log

- Primarily used for tracking technical skills or client types such as the number of errors missed when checking, or the number of clients with challenging behaviors.
- Assumes repetition = competence
- Highly feasible but validity is questionable and reliability can't be assessed.

Tools: Global Rating Scale

- Measure the degree or frequency of desired behavior, skill or strategy displayed by learner
- Scale states the criteria and provides 3-5 response selections to describe the quality or frequency of work.
- Scale descriptors must be clearly understood and meaningful to achieve an objective and reliable measure.
- In medicine, an in-training evaluation report (ITER) or daily encounter card (DEC)

Tools: Portfolio

- A purposeful collection of resident work that tells the story of the resident's efforts, progress, or achievement in a given area over a period of time.
- To be useful, specific design criteria must be used to create and maintain a portfolio system.
- Permits longitudinal assessment
- Open to intentional misrepresentation

Tools: Multi-source feedback

- An aggregate assessment of behavior based on multiple inputs (often including patients and other members of the care team)
- Analogous to 360-degree performance appraisals
- High validity but reliability is variable and not very feasible due to time required (but, works well if interprofessional team agrees *a priori*)

Tools: Rubric

- A set of specific criteria used to assess performance that is accompanied by a fixed measurement scale and a detailed description of the characteristics for quality at each level of performance.

How to create a rubric

1. List the criteria or essential element of quality in rows.
2. List the levels of achievement in columns (3 levels is recommended to start).
3. Provide a clear description of performance at each achievement level for each criterion or essential element of quality.
4. Include a description of consequences of performance at each level.
5. Assign weights to each criterion (optional).

Checking Rubric - Criteria

- Documentation of verification tasks
- Responsibility for verification tasks
- Item release/distribution
- Collaboration and communication
- Error identification
- Error interventions
- Error documentation

Checking Rubric: Performance Descriptors

1	3	5
Critical errors are routinely missed, not accurately identified, and/or not appropriately stated.	Error are identified reliably but may be categorized imprecisely or the potential impact of an error may not always be appreciated.	Effectively applies information, standards, procedures and protocols to accurately, precisely and reliably identify errors and the potential impact on the patient.
Fails to ensure that a pharmacist has been involved in the initial evaluation of the patient, medication order, batch card or recipe before release or distribution of the verified item.	Appropriately differentiates items that may be released or distributed without a pharmacist's involvement from those that require a pharmacist's involvement but sometimes requires input from others to arrive at the decision.	After verification, items are appropriately released and distributed for patient use, taking into account circumstances that require pharmacist involvement in the initial evaluation of the patient and medication order.

Summary

Performance assessment is a process used to provide residents with the necessary help to perform well while the rotation is in progress and longitudinally, over the duration of the program.

Explicit performance criteria simplify the diagnostic process and delivery of feedback.

Using a systematic assessment process and suitable tools makes performance assessment more objective, valid and reliable and enables assessment by non-pharmacy assessors.

Helpful Sources

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