

Stage 4. Coach for performance change

Goal: for the clinic to engage in identifying priorities for change and an achievable action plan.

Stage 4 Phrases and Strategies

Group needs to understand, reflect upon and assimilate the content of the report before being able to plan for change.

Consider coaching as the “skill of offering solutions.”

- “And in the next 3 and 6 months – what opportunities would the group like to address?”
- “What action steps might you have to take?”
- “Who will lead the change? Who will help?”
- “What is your timeline?”
- “What resources do you need?”
- “What will help you succeed?”
- “What might get in the way?”
- “What are your strategies to overcome barriers?”
- “How will you measure success and know you have been successful?”

The facilitator respects and taps into power and potential of group.

Facilitator looks at

- Innovations or changes required (vs nice to do) and their complexity, relative advantage, clarity, degree of fit
- Recipients of the changes
- Clinic including leadership, culture, mechanisms for embedding change, past experience with change, clinic priorities, clinic stability
- Broader environment including regulations, incentives, environmental stability, relationships and networks outside of clinic

Facilitator does

- Problem identification
- Goal setting and consensus building
- Clinic context assessment including communication and feedback, policies and procedures, organizational priorities
- Broader context assessment including political awareness and influence, communication, networking

From: Kitson & Harvey, Methods to succeed in effective knowledge translation in clinical practice, J of Nursing Scholarship, 2016



Evidence-Informed Facilitated Feedback: R2C2

*R2C2 - A model for sharing performance feedback and planning for change
Adapted for Clinic Use, Jan 2017*

Citation for this work: Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, Driessen E, MacLeod T, Yen W, Ross K, Power M. Facilitated reflective performance feedback: Developing an evidence and theory-based model, Academic Medicine 2015;90(12):1698-706.

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Stage 1. Build rapport and relationship

Goal: to engage the clinic group, build relationship and trust, establish credibility of the assessment.

- Explain the purpose of report and interview; i.e.; to provide:
 - Information about how the group is doing;
 - A chance to describe their clinic, particularly things that make their group unique;
 - Data that can present opportunities for improvement.
- Outline the agenda to:
 - Review performance data and gaps;
 - Discuss their reactions to the data, opportunities and challenges
 - Develop an action plan from the data.

Stage 1 Phrases and Strategies

- *“Tell me about your experience in preparing for this assessment”*
- *“I’d like to hear about your group (setting, patients, challenges, things that make your group unique)”*
- *“Would you like to hear more about the assessment process?”*
- *“What struck you about the report?”*

Confirm what you’re hearing; empathize, show respect; build trust; validate.

Relation-building is central and needs attention throughout the interview.

Stage 2. Explore reactions to and perceptions of the data/report

Goal: for the clinic to feel understood and that their views are heard and respected.

Stage 2 Phrases and Strategies

- *“What were your initial reactions? Anything particularly striking?”*
- *“Did anything in the report surprise you? Tell me more about that...”*
- *“How do these data compare with how your group thought you were doing? Any surprises?”*
- *“Based on your reactions, is there a particular part of the report that you would like to focus on?”*

Negative reactions/surprises tend to be more frequently elicited by:

- Lack of concrete examples in report
- Tendency to explain away data as having acceptable “individual physician result” outliers
- Comparative data, when clinic scores are lower than for AB FPs
- Data identifying clinic not doing as well as they thought
- Be prepared for expression of negative reactions in these cases. Support expression of negative reactions using general facilitative approaches and explore reasons for these reactions.

Stage 3. Explore physician understanding of the content of the data/report

Goal: for clinic to be clear about what the data mean for their group and the opportunities suggested by the data for change.

Stage 3 Phrases and Strategies

- *“Were there things in the report that didn’t make sense to you?”*
- *“Anything you’re unclear about?”*
- *“Let’s go through section by section.”*
- *“Anything in section X that you’d like to explore further or comment on?”*
- *“Anything that struck you as something to focus on?”*
- *“Do you recognize a pattern?”*

Knowledge of the speciality and areas where opportunities frequently arise for improvement can be helpful.