

Performance Review Toolkit

**Regional Department of
Hospital Medicine**

May 2018

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In-depth Performance Reviews: Background and Review Process

Background

The Regional Department of Hospital Medicine is launching a program for conducting in-depth performance reviews for department members. Such reviews are mandated as part of the Fraser Health Medical Staff Rules (Article 3.8, page 33), to be completed at least every three years for each department member. The program will initially focus on those members in the provisional category.

The in-depth performance review process is designed to be primarily a learning experience for department members, and an opportunity for individuals to identify their strengths and weaknesses. The process aims to provide an objective and standard approach for receiving constructive feedback for department members, and facilitates frank and honest discussions between individuals and their Department Head Local (HDL) and/or the Regional Department Head (RDH) to identify areas for improvement. At the same time, for those members in the provisional category, the program allows for an objective assessment of their skills and competencies as a hospitalist, and can be part of the decision making process for recommending promotion to the active staff category.

Such performance review programs have been implemented in a number of organizations. For example, the Council of Academic Hospitals of Ontario (CAHO), which comprises various academic teaching centres from across the province, has implemented in-depth reviews for their physicians¹. Similarly, the College of Physicians and Surgeons of Alberta (CPSA) has been conducting mandatory reviews for primarily community-based physicians in Alberta for many years², and similar programs also exist in other provinces (e.g. British Columbia, Nova Scotia).

Review Structure

The in-depth performance review in our department is a multi-modal exercise that has three components:

- A sample chart audit to assess the individual's diagnostic decision making skills, as laid out by the Canadian Society of Hospital Medicine in their "Core Competencies in Hospital Medicine – Care of the Medical Inpatient"³ nationally recognized document;
- A multi-source feedback exercise involving **anonymous** peer reviews and a self-assessment questionnaire based on the CPSA's Physician Achievement Review questionnaires;

- A structured meeting (i.e. coaching session) with the department head to review findings from above sources, as well as other relevant information (e.g. CME records, involvement in program development etc.).

Other sources of information (such as CME records, formal feedback from patients and others – complaints, commendations, letters of appreciation) can also be included in the coaching session for a more comprehensive discussion. The final tangible outcome is a **confidential** Personal Development Action Plan (page 25) that will be developed by the department member and provides a roadmap for ongoing improvement. This action plan is to be reviewed at regular intervals by the individual and at the time of privilege renewals by the department heads.

As we embark on this program, it is important to keep the main objective of this exercise in mind: **it is designed to help our colleagues become better practitioners in a safe and constructive manner**. This review program provides flexibility for HDLs to determine “how” best to implement performance reviews at their sites, while standardizing “what” is being done and the tools required to perform them.

Review Process

Step 1: Each Department Head Local (HDL), in collaboration with the Regional Department Head (RDH) creates a timetable to allow an evaluation of department members. In the first phase of the program, individuals in the provisional category will be enrolled first with a medium and long-term plan to include all department members in the Active category.

Step 2: The HDL, in collaboration with the RDH, determines a plan to identify individuals to conduct chart audits, as well as provide feedback as part of the 360 peer review process. This will be tailored to each site based on the local department size and local nuances. For example, some HDLs may choose to do all the chart audits themselves, or they may want to delegate the audits to others. In other cases, the chart audit and the peer review can be coupled together so that each individual providing feedback also conducts a single chart audit.

Step 3: The department head will inform the individual that they have been selected for an in-depth performance review, and provide them with a copy of the Tool Kit if requested. **Anonymous** peer review questionnaires and the self-evaluation form will be distributed by the department head to the individual with a deadline to complete. The individual is required to identify at least 8 other individuals and ask them to complete the peer review questionnaire and return them directly to the department head in a sealed envelope. Alternatively, some HDLs may choose to determine the individuals for participation in the peer review process based on local needs (for example asking individuals in the same “team” to provide feedback). All peer review questionnaires are conducted in an **anonymous** manner.

Step 4: Completed questionnaires are collected by the department head and results are collated to provide a report that compares responses from peers to that provided in the self

evaluation. The individual is invited to a one-on-one meeting with the HDL (+/- RDH) to review the feedback.

Step 5: Results of questionnaires and chart audits are sent to the evaluatee to examine before the mentorship meeting. A copy of the Personal Development Action Plan template (page 24) is also sent to the department member, with instructions to begin the work of developing a personal development plan for review during the coaching session.

Step 6: The department head uses the attached sign off page and check list to summarize the points that need discussion during the coaching session. This sign off sheet is adapted from the Fraser Health Physician Professional Practice Development Program⁴ (PPDP). These include:

- Areas of strength – and how the physician might teach/share this with the team
- Services for the team: e.g. performing administrative duties, teaching students, mentoring locums, completing evaluation forms on colleagues.
- Attendance at hospitalist and other relevant meetings (e.g. MSA meetings, M&M rounds, committee meetings) and other non-clinical activities
- The individual's CME record and plans
- Areas for improvement / areas of concern
- Career development plans (e.g. leadership training)
- If there has been a previous 360 the results could be commented on with regard to this review – “This is how things looked at the last 360 and this is this year's assessment”
- Ask how the team can help the evaluatee to achieve his /her goals; e.g. retraining opportunities, CMEs, pairing with a physician/mentor who has good strengths in relevant areas. Discuss how the individual plans to implement his/her action items.

Step 7: The department head meets with, and delivers the feedback to the evaluatee. Both sign the attached confidentiality agreement (adapted from the PPDP) and the signoff sheet.

Step 8: The department member receiving the feedback is allowed to respond at the time of the coaching session and again later. He/She can respond to the actual feedback and should be asked to provide suggestions as to how we can improve the in-depth review process itself.

Step 9: The department head and the department member should discuss a plan for ongoing mentoring and coaching if requested by the individual or deemed useful.

Step 10: If the individual disagrees with the outcome of the coaching session or has any concerns, a meeting with the RDH can be requested.

Step 11: The review materials, including chart audits, self-valuation questionnaire and the peer review questionnaires, and any other material that is discussed at the coaching session are kept by the HDL for a minimum of 5 years.

Step 12: The HDL is required to only provide a copy of the Personal Development Planner (page 25) and Sign Off sheet (page 29) to the RDH.

Guidelines for Department Heads (adapted from CAHO¹)

Background

This document contains background information and tools to assist Department Heads in conducting a coaching discussion with physicians to review the results of the performance assessment. The purpose is to provide general guidelines for effective coaching and feedback and some suggested questions and processes for holding a coaching discussion.

It is important to keep in mind that the central objective of the coaching discussion is to assist physicians in making the most of the performance review feedback, assist him/her in improving professional competence and facilitate personal change and growth.

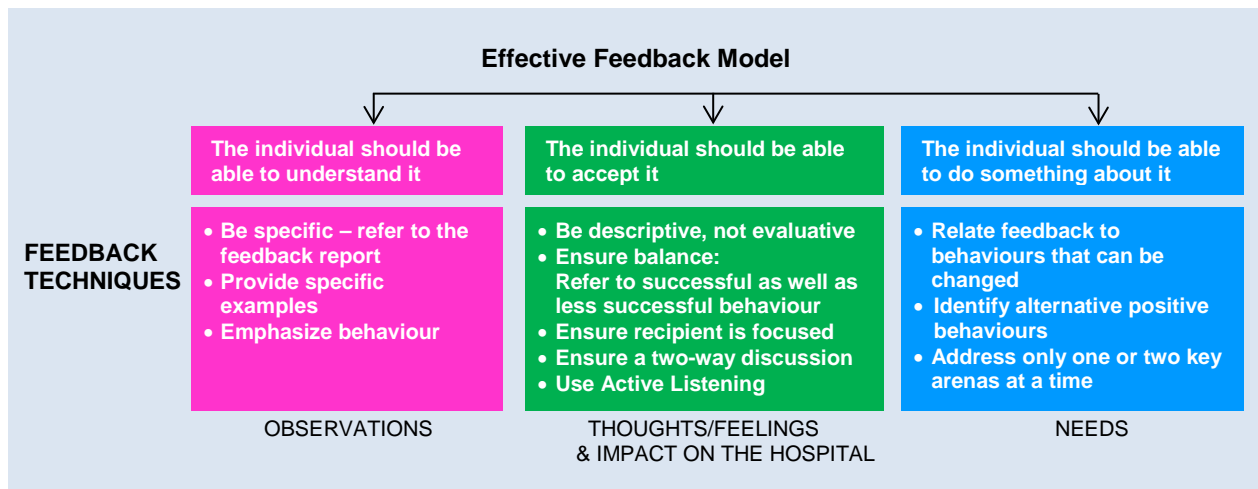
Before you begin

Ensure you have thoroughly reviewed the 360-review feedback report and identified key themes, including strengths, areas for development, and other general concerns. Ensure that you have also reviewed the chart audit results and summarized the findings for review with the department member. Consider also specific examples of behaviour you have noticed through direct observation that supports and/or contradicts the feedback data. Anticipate any questions and areas of concern and/or resistance and how you will respond. The physician will also have reviewed the feedback report and may have completed a development plan (reference the Physician Development Planner – page 25).

Model for effective feedback

In order for change to occur, people need to understand their current performance from their own perspectives and from the perspective of others. The 360-review feedback report assists in accomplishing this objective.

For feedback to be effective, the receiver must understand it, accept it and action it. Below are some general techniques to consider when providing feedback:



How you communicate your observations, thoughts feelings and needs impacts on the hospital and other professionals. Your observations are the facts, evidence (e.g., results of the performance evaluation), and observable behaviour. Your thoughts and feelings include your judgments about the results and your opinions. Ensure your judgments and conclusions are supported by your observations of the physician in her/his daily activities. Be sure to describe the impact of behaviours – both positive and negative – on the organization (quality management, patient care, etc.). Your expression of needs include what you want the physician to do more of, less of, or differently to support his/her professional growth and the success of the Department.

Opening and guiding the discussion

Consider using the following questions to open and guide your discussion:

- Does the feedback analysis make sense to you?
- Is anything in this surprising to you?
- Does this fit with how you see yourself?
- Do you think the feedback could provide a useful development area for you?
- What difference do you think it would make to you if you further develop that professional competency area?
- Would it make any difference to your professional work?

General coaching guidelines

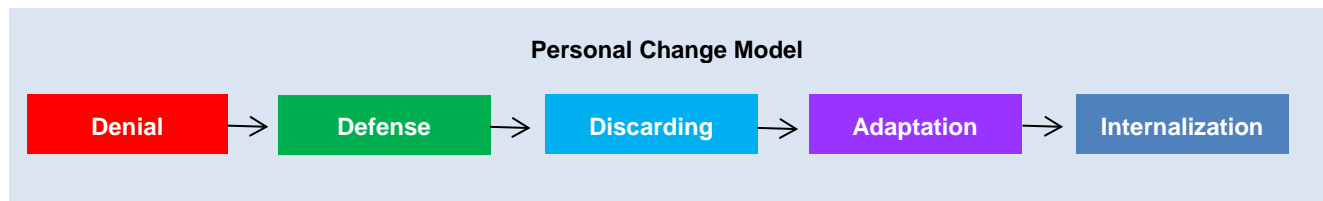
Some general guidelines to consider when providing feedback:

- Clearly communicate expectations
- Ask questions to explore the physician's underlying thinking and feelings:
 - Why do you think you have this challenge?
 - What was/is your goal?
 - What do you think would happen if you tried ...?
 - How do you think other people would react if ...?
 - What would be the benefits if you tried a different approach?
- Be an active listener:
 - Listen for unstated emotions
 - Look for hidden assumptions
 - Show interest
 - Listen for the whole story
 - Look for non-verbals – non-verbal messages speak as loudly as verbal ones; use encouraging non-verbal responses, such as eye contact, nodding, etc.
 - Paraphrase, summarize and feedback what you have heard to ensure understanding
 - Remember: it is acceptable to allow the other person do most of the talking
- Demonstrate empathy: "I understand why you might think/feel that way."
- Provide feedback that is specific and behavioural – be more descriptive and less evaluative in your feedback
- Before ending the discussion, ensure the physician is able to answer the following questions:
 - What exactly is expected of me?
 - How will I track my progress and how will I know if I have been successful?

- Is this a reasonable request?
- Is it in my control? Is it part of my role?
- What is the plan for moving forward?
- Reflect on your own coaching values and beliefs – to be an effective coach, you need to have the desire to foster the long-term development of others.

Dealing with resistance

A physician may refuse to accept the data/feedback and instead block any attempt to discuss it. It is important to be sensitive to the needs of the other person. Presenting the ‘personal’ change model to the participant can be useful in this type of situation; it helps a person to understand his/her initial resistance to feedback:



It may be that the physician rejects the feedback initially but finds it useful when she/he has had time to think about it in her/his own time.

The essence of feedback is giving data on behavioural evidence and then asking questions to help the person integrate this into his/her own experience and view of themselves. It is important to be aware that any behavioural change will only occur through acceptance and ownership of the feedback by the person involved.

The usual rules about feedback apply:

- It should be given in a way in which the physician can understand it
- It should be concrete and behavioural, not judgmental
- It should be acceptable
- It should be given in a way that enables the physician to do something about it
- It should be provided with appropriate sensitivity and at the same time without avoiding the key issues

Giving feedback requires the competencies of a good counsellor:

- Empathy: putting yourself in the shoes of the recipient
- Genuineness: not playing a role
- Acceptance of others as they are: this means leaving the decisions about action plans to them

Instructions for Performance Review Chart Audits

To the auditor:

You have been asked to conduct a chart audit of your colleague as part of his/her departmental performance review process. The in-depth performance review is mandated as part of the Fraser Health Medical Staff Rules (Article 3.8, page 33), to be completed at least every three years for each department member. The program will initially focus on those members in the provisional category.

The in-depth performance review process is designed to be a primarily learning experience for department members, and an opportunity for individuals to identify their strengths and weaknesses. The process aims to provide an objective and standard approach for receiving constructive feedback for department members, and facilitates frank and honest discussions between individuals and their Department Head Local (L) and/or the Regional Department Head (RDH) to identify areas for improvement. At the same time, for those members in the provisional category, the program allows for an objective assessment of their skills and competencies as a hospitalist, and can be part of the decision making process for recommending promotion to the active staff category.

The in-depth performance review in our department is a multi-modal exercise that has three components:

- A sample chart audit to assess the individual's diagnostic decision making skills, as laid out by the Canadian Society of Hospital Medicine in their "Core Competencies in Hospital Medicine – Care of the Medical Inpatient"³ nationally recognized document;
- A multi-source feedback exercise involving **anonymous** peer reviews and a self-assessment questionnaire based on the CPSA's Physician Achievement Review questionnaires;
- A structured meeting (i.e. coaching session) with the department head to review findings from above sources, as well as other relevant information (e.g. CME records, involvement in program development etc.).

As you go through this chart audit, it is important to keep the main objective of this exercise in mind: **it is designed to help your colleague become a better practitioner in a safe and constructive manner.** If in the process of this review, you identify a situation where you suspect a clear example of preventable errors or safety concerns, you are encouraged to bring the matter to your HDL's attention immediately.

You are asked to conduct chart audits on a minimum of 5 charts. Inclusion criteria for charts to be audited are:

- At least one of the cases should be a long-stay patient with a Length of Stay of over 10 days
- At least one chart is to include a “Admission/ Consultation” History and Physical performed by your colleague
- At least one chart should be a dictated discharge summary

Please print at least 5 copies of the attached Chart Audit Tool, and return the completed audits in a sealed envelope to your Department Head Local within **15 days**. **You can use the back of the page to write any general comments or observations.**

Thank you for your involvement and contribution.

Performance Evaluation: Chart Audit Tool

Name of Physician being audited: _____ Date of Audit: _____

Patient MRN: _____ Site: _____ Auditor's Name: _____

History and Physical

	YES	NO	N/A
Was the physician able to identify primary clinical problem and its urgency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the writer able to obtain focused clinical history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a focused physical exam performed based on the identified clinical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were laboratory and radiological results interpreted and plan identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a problem list created on admission to be addressed and prioritized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a differential diagnosis generated which incorporates life threatening and common conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a comprehensive plan outlined in each of the problems including investigations and consults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Daily Progress Notes

	YES	NO	N/A
Were the problems documented in daily progress notes with management plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the writer able to modify management plan based on lab results, consultations and clinical course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the writer able to recognize and anticipate clinical deterioration and consult or transfer care appropriately, when applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is discharge planning documented by the writer including barriers to discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are notes legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the signatures, dates and times of notes clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the individual using appropriate pre-printed order sets or care pathways when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the individual completing medication reconciliation, MOST forms and other relevant forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Individuals

Dear Dr.

You have been selected for an in-depth performance review by your Department Head Local and the Regional Department Head. The in-depth performance review is mandated by the Fraser Health Medical Staff Rules (Article 3.8, page 33), and is to be conducted at least every three years for each department member. The program will initially focus on those members in the provisional category. You have been selected to undergo this process as you are a provisional member of the medical staff, and a performance review is required for members in the provisional category before they can be recommended to advance to the active staff.

The in-depth performance review process is designed to be a primarily learning experience for department members, and an opportunity for individuals to identify their strengths and weaknesses. The process aims to provide an objective and standard approach for receiving constructive feedback for department members, and facilitates frank and honest discussions between individuals and their Department Head Local (HDL) and/or the Regional Department Head (RDH) to identify areas for improvement. At the same time, for those members in the provisional category, the program allows for an objective assessment of their skills and competencies as a hospitalist, and can be part of the decision making process for recommending promotion to the active staff category.

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- A multi-source feedback exercise involving **anonymous** peer reviews and a self-assessment questionnaire based on the CPSA's Physician Achievement Review questionnaires;

- A structured meeting (i.e. coaching session) with the department head to review findings from above sources, as well as other relevant information (e.g. CME records, involvement in program development etc.).

This process has been developed by a working group comprised of a number of individuals from across our sites, and has been approved by all the Department Head Locals for Hospital Medicine across all sites. All department members in the provisional category are required to go through this performance review program.

As you go through this process, it is important to keep the main objective of this exercise in mind: **it is designed to help you become a better practitioner in a safe and constructive manner.** It is also important to remember that this process is completely confidential and is handled with the highest levels of discretion and confidentiality.

You are asked to:

- Complete the attached **Self Evaluation Questionnaire** and return it to your HDL within **15 days**
- Print at least **8 copies** of the attached **Medical Colleague Questionnaire** and give it to 8 physician colleagues (could be non-hospitalists physicians you work with) (at some sites, your HDL may identify individuals who have insight into your work) **Ask them to return those directly to your HDL in a sealed envelope within 15 days.**

Once all the evaluations are received, your HDL/RDH will prepare a report and will share with you along with an improvement plan template. You will meet with him/her to go over the results of the evaluation, as well as any other sources of relevant information deemed appropriate by your HDL such as CME records, attendance at committee, etc.), and work collaboratively to develop an improvement plan. You will revisit this plan over the next few years at the time of you privilege renewals.

If you have any questions, feel free to contact your HDL or the RDH, Dr. Vandad Yousefi at vandad.yousefi@fraserhealth.ca.

Medical Colleague Questionnaire

Anonymous and Confidential

Please remember that this questionnaire is anonymous – your colleague will not see your responses.

Assessed Physician’s Name: Dr. _____ **Your Name (optional):** Dr. _____

Marking Instructions:

Please indicate your answer by filling in the bubbles.

Interpretation of the Rating Scale:

This form is used by a variety of physicians’ colleagues, therefore not all of the following items may be relevant to you. If any of these items are NOT relevant to you, mark these “**Unable to Assess**”. Please rate your colleague on each of the performance statements listed according to the scale.

How would you describe your professional relationship to this physician (select one)?

- Peer (similar practice)
- Consultant

How well do you know this physician (mark one)?

- Not at all
- Not well
- Somewhat
- Well
- Very well

Compared to other medical colleagues I know, this one:

		Among the Worst 1	Bottom Half 2	Average 3	Top Half 4	Among the Best 5	Unable to Assess UA
1	Communicates effectively with patients and with patients’ families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Communicates effectively with other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Selects diagnostic tests appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Critically assesses diagnostic information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Makes the correct diagnosis following consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Selects appropriate treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Documents findings and care appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Handles transfer of care appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Co-ordinates care effectively for patients with other health care professionals and physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Among the Worst 1	Bottom Half 2	Average 3	Top Half 4	Among the Best 5	Unable to Assess UA
10	Shows compassion for patients and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Collaborates with physician colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Accepts responsibility for own professional actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Manages health care resources efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Gives priority to urgent requests related to patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Handles emergency situations effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Manages own stress effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Recognizes his/her own limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Balances professional and personal life in a healthy way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Advises referring physicians if referral request is outside the scope of his/her practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Exhibits curiosity for lifelong learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Participates effectively as a member of the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Exhibits professional and ethical behavior towards physician colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	If a member of my own family needed care I would rate this physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Is someone with whom I would be comfortable sharing the care of my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. What is the one thing this physician does particularly well?

26. What is the one thing this physician could do better?

Self-Assessment Questionnaire

Confidential

Your Name: Dr. _____

Marking Instructions:

Please indicate your answer by filling in the bubbles.

Interpretation of the Rating Scale:

The following statements describe physician behaviours. Please rate yourself on each of the performance statements listed using the following scale.

Compared to my colleagues, I:

		Among the Worst 1	Bottom Half 2	Average 3	Top Half 4	Among the Best 5	Unable to Assess UA
1	I communicate effectively with patients and with patients' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I communicate effectively with other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I select diagnostic tests appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I critically assess diagnostic information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I make the correct diagnosis following consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I select appropriate treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I document findings and care appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I handle transfers of care appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I co-ordinate care effectively for patients with other health care professionals and physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I show compassion for patients and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I collaborate with physician colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I accept responsibility for my professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Among the Worst 1	Bottom Half 2	Average 3	Top Half 4	Among the Best 5	Unable to Assess UA
	actions						
13	I manage health care resources efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	I give priority to urgent requests related to patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	I handle emergency situations effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I manage my stress effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	I recognize my limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I balance professional and personal life in a healthy way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	I advise referring physician if referral request is outside the scope of my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	I am curious for lifelong learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	I participate effectively as a member of the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	I exhibit professional and ethical behavior towards physician colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. When I reflect on my work, I do these things well?

24. When I reflect on my work, I see an opportunity to improve my work in the following areas?

Personal Development Action Plan (adapted from CAHO¹)

Purpose of this document

This document contains background information and tools to help you prepare a development plan based on the results of your in-depth performance review. The questions and guidelines are designed to help you think through your strengths and areas for development, and to identify development activities that will facilitate your professional growth and enhance the hospital's overall quality management process.

Development planning takes time and reflection

Understanding and making use of your feedback data for personal development takes time and thought. It is not expected that you will complete your development planning in one sitting. Take your time. Work with your data. Ponder your strengths and development areas. It has been found that people are more likely to develop and change when their development is linked to their personal aspirations and goals. Discuss these with your Department Head. Involve him/her in helping you to set the direction for your development.

Determining where you want to focus your development efforts requires a close examination of your strengths and development needs. Be sure to review your feedback prior to meeting with your Department Head. Since not all elements of the review may be equally relevant for you, think carefully about your priorities and directions for your development.

Begin by taking time to reflect on both your personal and professional development needs. Ask yourself:

- What does my Department Head and/or hospital need from me?
- What do I aspire to in my personal and professional life?

Your answers to these questions will help you begin to identify the professional competencies for development that will be most useful to you in both in your current situation and your future career planning.

Preparing a development plan

Included in this guide is a Professional Development Planner (page 25) to assist you in defining your development objectives and action steps. These planners are structured to include the key elements of good development planning:

- **Role and Aspirations** – When planning, take a step back and think about your professional development and aspirations. Consider the requirements of your current or future role – this may provide you with direction when thinking about your development. There is, however, more to development than just being successful in the profession. Personal growth and development involves reinventing ourselves over time. To make the best use of your development time, be sure to focus your efforts on the right things not only for your professional success, but also for your personal long-term fulfillment and happiness.
- **Goals** – Setting clear goals, is a critical step in your development process. It is essential that you choose goals that interest and energize you, and that will also be of value to you. Ensure your goals are results-oriented, challenging and measurable. Your goal priorities should:
 - Support your current and future professional development, and Link to your personal aspirations
 - Choose no more than two or three development goals for a given period. Attempting significant development on more than three areas of professional competence at once is likely to result in very limited progress for most people.
- **Obstacles** – To create a successful development plan, you need to understand what factors may make it difficult for you to demonstrate the professional competence areas you have selected for development. Gaining a better understanding of what is getting in your way will allow you to address these obstacles and increase the likelihood of successfully developing.
- **Action Steps** – Identify concrete actions that will meet development goals; these should be time-phased within a 6-12 month period.
- **Support Required** – Identify any support you may require in the preparation and implementation of your Personal Development Plan – what specific involvement and support would be helpful from your Department Head or others? These people can be quite instrumental in helping you carry out your development plan through participating in many of the action categories noted above or through approving funds and time allocation for developmental activities. Use the worksheets at the end of this document to outline the steps you feel these people could take which will provide practical support for your progress toward each development goal.
- **Time Frame** – Indicate a time frame in which you will complete each action.

Outcomes of development planning

The outcomes you can expect from a well-organized individual development plan include:

- An accurate awareness of your current professional competency levels and an appreciation of your potential; and,
- Accomplishment of specific practical steps taken day-to-day to achieve that potential.

Practical action steps

The practical action steps needed to meet your development goals should reflect a logical sequence of activities that support your learning and development in the professional competency area.

Your practical action steps will probably be drawn from one of the following categories:

- **Reading Material** – Books, articles and special publications that give you conceptual stimulation in the competency development area. Both research publications and written practical guides can be helpful.
- **Seminars and Workshops** – Intensive training sessions focused on your professional competency development needs. These should offer both conceptual learning and hands-on practice.
- **Professional Tasks and Behavioural Practice** – Tackling new professional tasks or carrying out behavioural practices, which will require the practical use of new competency-related behaviours.
- **Project Assignments** – Seeking new project assignments within the hospital, which require the competency you want to develop, for example, leading a task group. The specific role you assume should emphasize the specific competency-related behaviours you are trying to develop.
- **Mentoring and Coaching** – Observing, seeking advice, direction and feedback regarding competency development actions and progress from other physicians or non-physicians who demonstrate a high degree of proficiency in a competency area you want to develop. Seek suggestions from your Department Chief or other knowledgeable people.
- **Review and Reinforcement** – Asking others, including your Department Chief, to help monitor your development progress by observing, commenting upon, criticizing or recognizing specific efforts.

- Team Involvement – Pairing up with other peers or joining teams of other physicians or professionals working on tasks or projects that will help achieve your development goals.

What to do next

Begin preparing your development plan using the Professional Development Planner on the following page. Once you complete a first draft of your development plan, arrange to meet with your Department Head. The focus of this meeting should be (a) negotiation of development priorities, and (b) refinement of your planning process. Your role will be to:

- Share your development objectives and action plans
- Get reactions and input about your development needs
- Reach an agreement on development priorities and resources

Your Department Head's role will be to share with you his/her prepared analysis of your development needs and to work with you in reaching agreement on the plan. It is expected that your collaboration will be ongoing through the duration of the planning period.

Following your planning meeting with your Department Chief, it will be your responsibility to implement your development plan. Your plan will serve as the primary reference for you and your Department Head in working toward the development objectives identified. Your development plan is owned by you. It should be protected and treated confidentially by each of you.

Professional Development Planner

What are my professional goals and interests?

What is important to me professionally:

a) In the short-term?

b) In the long-term?

Based on my feedback, what are the 2-3 key development themes for me?

What are the specific areas of strength that I want to leverage?

What are the specific areas of development I need to focus on?

What ONE or TWO professional competencies do I want to improve first as part of my professional development in the next year?

a)

b)

What are potential obstacles or barriers to my development (e.g., situations, people, self, management)?

What can I do to avoid or eliminate these obstacles?

What support can I get from others for development (who, why, how, when, what)?

Goal One

ACTION STEPS	POTENTIAL OBSTACLES AND RESPONSES	SUPPORT REQUIRED FOR THIS ACTION	TARGET DATE

To help me achieve this goal, I need to involve/how:

Resources I need to achieve this goal are:

Goal Two

ACTION STEPS	POTENTIAL OBSTACLES AND RESPONSES	SUPPORT REQUIRED FOR THIS ACTION	TARGET DATE

To help me achieve this goal, I need to involve/how:

Resources I need to achieve this goal are:

CONFIDENTIAL

Sign-Off Sheet and Checklist for Coaching Session

Review Date: _____ Site: _____

This checklist is designed to guide discussions between the Department Head and the department member during the coaching session. It is designed to help focus the discussion on relevant areas and help both parties collaborate on the development of the member's Personal Improvement Action Plan.

Physician & HDL and/or RDH should discuss the following areas:

- Completion and review of the self-assessment survey;
- Completion and review of the peer review survey by colleagues;
- Review of the physician's structured chart audits;
- Department member's participation in non-clinical activities (QI, committees, leadership, attendance at meetings)
- Review of member's current or previous self-improvement activities (e.g. CME attendance relevant to field of hospital medicine, wellness programs)
- Completion of the Improvement Action Plan; and
 - Have you identified strengths and provided positive feedback?
 - What are areas that need improvement?
 - Have specific goals and strategies been identified to address weaknesses?

Physician Signature

Print Name

Date of Completion

Department Head Signature

Print Name

Date of Completion

Confidentiality Agreement For Physicians and Department Heads

1. Physicians and Department Head are bound by a duty of confidentiality. This is a duty not to reveal any information disclosed during the relationship to any third party.
2. This duty is applicable irrespective of the position in the organization of the Physician and Department Heads.
3. Respect the Physician and Department Head's right to confidentiality except when this right conflicts with your responsibility to the law, or when the maintenance of confidentiality would result in a significant risk of substantial harm to themselves or others; in such cases, take all reasonable steps to inform the Physician or Department Head that confidentiality will be breached.
4. The commitment to confidentiality continues after the relationship between the physician and Department Head ends.

Signature: of Physician..... Print Name:

Signature: Department Head..... Print Name:

Date:

References

- 1- Council of Academic Hospitals of Ontario. 2009. 360-Degree Physician Performance Review Toolkit. Available from <http://caho-hospitals.com/wp-content/uploads/2014/02/CAHO-360-Degree-Physician-PerformToolkit2009.pdf>
- 2- Assessment of physician performance in Alberta. William Hall, Claudio Violato, Raymond Lewkonia, Jocelyn Lockyer, Herta Fidler, John Toews, Penny Jennett, Michel Donoff, David Moores. CMAJ Jul 1999, 161 (1) 52-57;
- 3- Canadian Society of Hospital Medicine. Core Competencies in Hospital Medicine – Care of the Medical Inpatient”. Available from www.canadianhospitalist.ca
- 4- Fraser Health. Physician Professional Practice Development Program. <http://medicalstaff.fraserhealth.ca/Professional-Development/>