

Using 360° Feedback to Create True Communities of Learning and Health

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Workshop Goals

- Provide the basics on the development and delivery of a 360° feedback system
- Link the 360° feedback system to the culture of the organization
- Show how to foster the development of a true culture of learning and health based upon feedback, openness, and transparency

A Brief “How-to” for 360° Feedback

What is 360° feedback?

- 360 feedback refers to survey tools that allow a participant to compare self-perception of his/her skills and abilities with the perception of others of those same skills and abilities
- Example: I see myself as someone who develops rapport with patients quite effectively. However, the observations of others *consistently* suggest otherwise. Now I need to reconsider the accuracy of my belief about myself and develop a plan of action. (Of course, I can also simply choose to highlight how wrong everyone else is...)

Selecting rater categories and scales

- Raters are typically broken down by role
 1. Self
 2. Attending
 3. Administrator
 4. Nurses
 5. Residents
- Likert scales (select one scale for all items for ease)
 - 1 to 5 (almost never to almost always; disagree to agree)
 - 1 to 7 (never to always; strongly disagree to strongly agree)

Steps to create a 360° survey

STEP #1	STEP #2	STEP #3	STEP #4	STEP #5
Review your mission statement, core values, and other documents containing expectations	Identify 35 - 50 specific behaviors associated with the identified expectations	Convert the behaviors to items and add 3 open-ended questions and circulate draft among leadership team and others	Modify items based upon feedback	Determine rating scale, raters, categories; then run test group to verify clarity of items

Finding items for 360° feedback

- Mission statement
- Core values
- University/hospital standards
- Objectives
- ACGME Competencies (Burke & Higgins adapted)
- Survey of staff (what do you see as the ten most important attributes of a _____)
- *los.hbs.edu* (Edmonson, Garvin & Gino, 2008)
- Baptist Health Care Leadership Institute papers

Maximizing confidentiality

- Train all raters before distributing survey if possible
- Ensure at least 3 raters in each category at same level as participant and “lower” in the hierarchy
- Go out of the way to protect confidentiality of nursing, allied health, and support staff
- Conduct the survey online
- Involve a 3rd party professional to collect and interpret all the data
- Provide **qualified** coaching around the 360 results

Building trust with 360° feedback

- Leadership always goes first
- Keep the results as part of an overall evaluation system; do not substitute 360° feedback for other methods of evaluation
- Know the literature related to evaluation
 - *All* subjective methods reveal the bias of raters
- Focus on themes that come through in the quantitative and qualitative data; minimize attention to the views of one or two raters without ignoring them
- Create a safe environment so that people can give feedback without fear of reprisal. This is a leadership issue.

Why 360° feedback works

- Presentation of data, especially the responses to the open-ended questions, evokes a powerful emotional response
- Sometimes data confirms strengths
- Sometimes data is a confrontation with a divergent reality
- 360° feedback promotes reflection
- 360° feedback promotes conversations about difficult matters

What 360° feedback also does

- The items of the 360° feedback educate raters and participants alike about the mission and core values of the organization
- 360° feedback makes clear what the expectations are that define “excellence”
- 360° feedback highlights the importance of accountability and continuous learning *if there is follow-through on the feedback*
- 360° feedback results, collectively, can give a picture of the organizational culture

A Case Study: Rush University

Cardiothoracic Surgery Residency Competency Initiative

- ACGME has directed training programs to develop/improve evaluation process of residency programs
- Residency programs must develop reproducible evaluation of their educational curriculum
- Six competency categories – fund of knowledge, patient care, professionalism, practice based learning, interpersonal skills and communication, system based practice

Why 360-Degree Feedback?

- Facilitates self-awareness
- Preferred because of comprehensive preview
- More challenging to participants
- More accurate measure of actual performance
- Trains people in seeking feedback
- Facilitates clarity about expectations

Why 360-Degree Feedback in a Medical Setting?

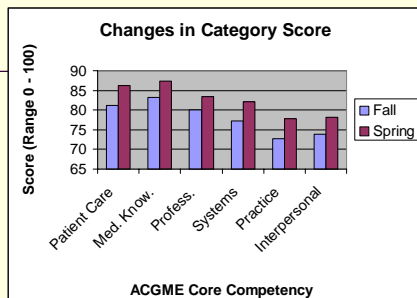
- Increasing complexity requires input from variety of sources to provide accurate feedback
- Focus on relationship-based care
- Need to provide feedback on both task and relationship skills
- Recognition that current measures are insufficient

Emotional Intelligence: Why?

- Emotional Competencies
 - Self-Awareness
 - Self-Management
 - Social Awareness
 - Relationship Management
- Empathy and Listening Skills: Increase ability to make accurate diagnoses
- Interpersonal Skills: Build teams and loyalty (and decrease law suits)

Some Common Reactions to Feedback

Anxious
Flattered
Confused
Affirmed
Defensive
Irritated
Motivated



	Patient Care	Medical Knowledge	Professionalism	Systems-Based	Practice-Based	Interpersonal
Fall	81.1	83.2	80.1	77.2	72.8	73.9
Spring	86.3	87.3	83.5	82.1	77.7	78.2

360 –degree Resident feedback

Key Observations

- Resident trainees model attitudes, perspectives and behaviors of faculty mentors
- In order to create an environment of scholarly growth and professionalism, (enhance performance and improve physician behavior) assessment of competencies among faculty was proposed.

360-Degree Feedback in Cardiothoracic Surgery Practice

Project Aims

To assess ACGME competencies (leadership of patient care team, medical knowledge, interpersonal communication, professionalism, systems-based and practice-based learning and integrity) *among faculty of academic cardiothoracic practice*

360-Degree Feedback in Cardiothoracic Surgery Practice

Methods

- 46 item survey, specifically tailored for faculty, distributed to 6-10 evaluators of each faculty member
- Chairperson, peers, direct reports and support staff (program chair choice)
- Faculty were allowed to choose 3 evaluators of their choice

360-Degree Feedback in Cardiothoracic Surgery Practice

Results

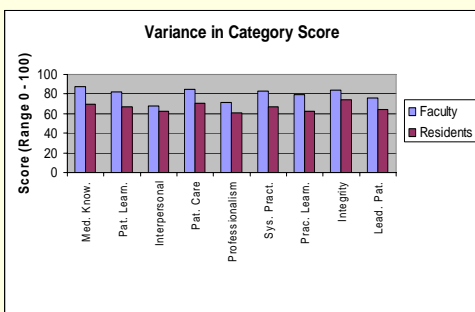
- 8 faculty members participated in survey-all but one completed self evaluation
- Faculty as a whole rated above average in medical knowledge, patient based learning, patient care and leadership of team.
- Some faculty scored below average in interpersonal and communication skills, professionalism (especially around conflict)
- These scores were observed in areas commonly identified as suboptimal in residents as well

360-Degree Feedback in Cardiothoracic Surgery Practice

Conclusions

- 360-degree assessment tool provides valuable feedback mechanism for residents and faculty
- This pilot study underscores our belief that resident physicians model behaviors of faculty mentors
- These observations emphasize the importance of faculty role models in the education of young cardiothoracic surgeons

360-Degree Feedback in Cardiothoracic Surgery Practice



360° Feedback

as a Method for Creating Community

Link the big picture with everyday behaviors

- Balanced Scorecard (Kaplan & Norton)
- Objectives and measures are often fourfold:
 1. Customer
 2. Financial
 3. Internal processes
 4. Employee learning and growth
- Everything begins with the mission and core values and then moves down to strategy and then to measuring what matters
- Focus is on open reporting and shared information

Using a balanced scorecard framework

(graphic from Senalosa.com / Paul Niven)



360° feedback and the Balanced Scorecard

- 360° feedback is a tool that assesses one's effectiveness living up to the mission and core values of the organization and can be targeted to:
 1. Patient care
 2. Financial considerations
 3. Internal processes
 4. Learning and growth
 5. What every is central to the strategy of the organization

Note: 360° feedback and a Balanced Scorecard approach can both be used to foster cultural change

Organizational culture

- When describing the culture of an organization, look for congruence and disconnects among:
 - Mission statements, platitudes, etc.
 - Symbols
 - Assumptions
 - Actual behavior
- The culture is about what really happens in the end
- Disconnects between stated culture and actual culture foster negative attitudes among staff
- Disconnects occur in the context of everyday interactions as well as leadership successes and failures
- 360° feedback is an excellent way to train others to the desired culture and provide feedback regarding one's living up to the core values of the culture

Developing a sense of who “we” are...The Toyota Way

- Strong, positive organizational cultures actively talk about mission and core values and act in ways that are congruent with their mission statement and core values
- A clear sense of purpose pervades the organization
- All roles are linked to the purpose of the organization
- Leadership is open about successes and failures
- Leadership models the ways in terms of accountability
- All staff promote a sense of “we” throughout the organization and a pride in the way “we” do things, but always combined with the questioning of assumptions and practices
- The learning organization culture is an excellent model for graduate medical education

Learning organizations

"A learning organization is a place where employees excel at creating, acquiring, and transferring knowledge. There are three building blocks of such institutions:

- (1) a supportive learning environment
- (2) concrete learning processes and practices, and
- (3) leadership behavior that reinforces learning."

(Garvin, Edmonson, & Gino, 2008)

(1) Supportive Learning Environment

(Garvin, Edmonson, & Gino, 2008)

- **Psychological safety** – people can speak up about concerns that they have with patients and physician practices
- **Appreciation of differences** – difference of opinion is welcomed
- **Openness to new ideas** – supportive of innovation
- **Time for reflection** – balance of workload to permit process improvement

(2) Concrete learning processes and practices

(Garvin, Edmonson, & Gino, 2008)

- **Experimentation** – this is the actual follow-through on an openness to innovation
- **Information collection** – gathering data about effectiveness of services and comparison with others who are best in class
- **Analysis** – productive conflict occurs
- **Education and training** – initial and on-going
- **Information transfer** – active learning from others internally and externally; sharing of information

(3) Leadership that reinforces learning

(Garvin, Edmonson, & Gino, 2008)

- Listening
- Probing questions
- Actively seeking input
- Encouraging divergent viewpoints
- Time, resources, and venues for identifying problems, organizational challenges, and improvements

How to assess the health of your organization

- Develop a database of 360° feedback results across time
- Conduct an organizational (climate) survey utilizing a similar form to the 360 – modified using organizational language
- Conduct focus groups that encourage staff to speak openly about congruence and disconnects between mission and action
- Annual check-ups
- Three questions to research constantly: 1) Do people feel valued here? 2) Is information flowing in the proper channels to effect continuous growth and improvement? and 3) Am I hearing difficult truths?

Not everything that counts can be counted, and not everything that can be counted counts.

Sign hanging in Einstein's office at Princeton University
