HR pulse

ASHHRA
American Society for Health Care Human Resources Administration

ASHHRA.org | FALL 2024

HRpulse
Fall 2024

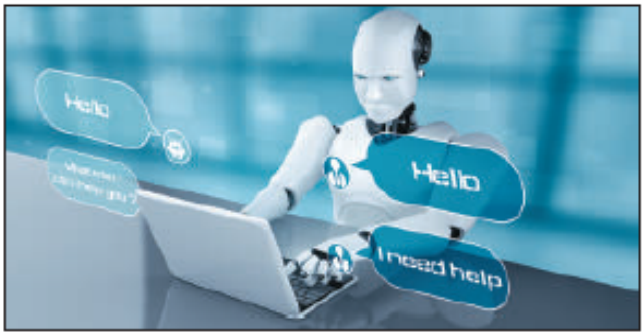
CONTENTS

Features

Messages

Profiles

Advertisers



Healthcare organizations are increasingly looking to AI as a solution to streamline HR processes. **11**

HR professionals and staff leaders are turning to 360-degree survey programs to provide feedback. **15**

HR Pulse is published by
NAYLOR
550 SW 2nd Avenue, Suite 200
Gainesville, FL 32601
Tel: (800) 369-6220
www.naylor.com
www.hrpulsemagazine.com

Publisher
April Dunnett
Editor
Jennifer Lipner
Layout & Design
Amit Kumar Singh

Visit www.hrpulsemagazine.com to download the *HR Pulse* media planner.

To advertise in *HR Pulse*, contact Norma Walchuk at (204) 975-3628 or nwalchuk@naylor.com

To submit articles and other editorial content for possible publication, contact ASHHRA at (312) 422-3720 or ASHHRA@ashhra.org.

PUBLISHED SEPTEMBER 2024/ AHH-Q0324

Cover Images:
LIGHTSPRING/ SHUTTERSTOCK.COM

BUSINESS OF HEALTHCARE / LEADERSHIP

Innovations in 360-Degree Physician Feedback Survey Programs: What HR Needs to Know

BY KATHRYN WALL AND LARRY HARMON, PH.D.

Physicians, historically held to lower behavioral standards than nurses and staff, are now forced to acknowledge that inappropriate behaviors are no longer accepted and, consequently, many are finding it challenging to break these old habits. As a result, HR professionals and medical staff leaders are increasingly using department- or facility-wide 360-degree survey programs to enable physicians and providers to receive periodic feedback about their strengths as well as any problematic behavioral trends before they become a pattern.

The objective of this article is to examine how validated, physician-normed, benchmarked 360-degree survey assessments are employed to periodically provide feedback to physicians and their leaders. The authors will explain how hospitals increasingly are shifting from behavioral interventions after complaints occur towards using routine 360s as a prevention model.

The 360-degree prevention model enables physicians and leaders to receive an early warning alert about any emerging problematic behavior before more serious complaints occur. Routine 360-degree feedback also is useful for enhancing physicians' self-awareness, promoting collaboration and accountability, highlighting behavioral

strengths as well as opportunities for improvement in terms of behavioral standards, potentially enhancing quality of care, and reinforcing behaviors considered important for favorable outcomes.

How physician culture explains their need for autonomy

The physician culture in hospitals today could be characterized as an effort to maintain their professional autonomy to make their own decisions and behave the way they feel is appropriate. However, nowadays it is the hospital, insurers and the regulatory system that define the day-to-day expectations of physicians. Many physicians were trained to be "captains of the ship" and thus lack the necessary communication skills to negotiate differences and find a satisfactory middle ground. As healthcare becomes more corporatized, many physicians increasingly feel like they are simply "cogs in a wheel" instead of "members of the team." As a result, these and other demands on physicians have increased along with higher rates of burnout.

360-degree feedback is an emerging solution: best practices

What is 360-degree physician feedback?

Multi-rater, or 360-degree, assessments can provide needed feedback so physicians can understand how their specific behavioral patterns are perceived by leadership, colleagues, nurses and staff as well as the potentially negative impact it may have on the healthcare team.

Formal 360-degree survey feedback effectively provides quantitative information about how the physician compares with their colleagues as well as qualitative actionable suggestions for improving their collaboration, teamwork and other non-technical skills.

How is 360-degree feedback best introduced?

One best practice to introduce 360-degree feedback to frontline physicians is to first roll out the program for a physician-leadership group, such as the Medical Executive Committee. Implementation begins with a short videoconference orientation with a 360-

survey expert who can explain to physician-leaders the purpose, mechanics and benefits of formal leadership feedback. An important advantage of using 360-degree feedback initially for leadership is that frontline physicians and nurses — unaccustomed to receiving formal feedback — gain some familiarity by giving feedback to their leaders.

After a physician-leadership pilot group, the next step typically is to roll out the 360-degree feedback program either to a few pilot departments or to all frontline or employed physicians. Begin with an orientation to explain: the value of feedback, that its purpose is development and not punitive, how raters are selected, the survey questions, the validation behind the tool, the fairness safeguards, the debrief process, how little time it takes (1-2 minutes per survey), and how other hospitals use 360-degree feedback for quality improvement and physician development.

How are raters selected?

The "Traditional Two-Step" model is a common protocol for select raters. The first step is to have the physician select their raters from a directory of other providers, nurses, staff and managers. In the second step, the selected rater list is forwarded to the "validator"— typically the chief or chair — who has the option of adding any missing names or simply approving the physician’s list "as is." Physicians feel a sense of participation in choosing raters, and any "selection bias" is counterbalanced by the validator’s ability to add raters (including if a physician does not select their own raters).

Another model is called the "team" rater selection protocol. A list of the physicians within the department or unit is emailed to all potential raters, who are asked to select a few physicians with whom they work the most and give them anonymous feedback.

Considerations for selecting a 360-degree survey

In choosing a 360-degree survey and protocol, the best practice is to use surveys in which each behavioral question has been benchmarked against physician norms or, when possible, against specialty category norms. Surveys which have at least some significant correlations with common healthcare outcomes, such as malpractice claims or patient satisfaction, are likely to have stronger credibility for sometimes skeptical physicians and, therefore, easier buy-in. Surveys with fewer questions promote higher response rates.

How do physicians receive their feedback?

Some 360 survey organizations use highly trained external coaches to "debrief" the physicians. Alternatively, some hospitals have their own internal coaches who can debrief the 360-degree reports, although many don’t have the bandwidth to debrief all physicians, especially those with significantly outlying behaviors.

The best practices for debriefing include: reviewing the 360-degree feedback emphasizing strengths and opportunities for improvement, working with the coach to identify the most helpful developmental goals based on the feedback, setting up a mechanism to email their goals to them periodically as reminders and reinforcers, identifying any developmental needs which can be addressed by "prescribing" online modules or courses, and providing some ongoing coaching and follow-up feedback for those who have improvement opportunities.

How to avoid "rater fatigue"

For small departments or teams, the 360-degree survey process can be conducted simultaneously. Some hospitals will survey each physician prior to their recredentialling date to spread out the surveys fairly evenly over each two-year cycle. Employed physicians may receive their annual performance review based on hire date, which includes the 360-degree feedback assessment as part of the discussion and goal setting with the chief or chair.

Conclusion

The 360-degree assessment process can address complex physician issues and enable each physician to receive feedback on their hard-to-measure professionalism and interpersonal communication skills, often associated with patient safety and outcomes. Many physicians who receive developmental feedback will self-correct. Others will receive positive morale-boosting feedback enhancing their engagement and retention. For physicians who are resistant to self-improvement, their leaders may use the feedback to as a guide to mentor them. Coaches will use the assessment as a behavioral map to target specific behaviors and help the physician improve. When 360-degree feedback is appropriately introduced, presented as a tool for development, and

used with physician benchmarks, the process is likely to support an overall cultural improvement in the medical staff.

Kathryn Wall recently retired as the CHRO of Mary Washington Healthcare. Her career spanned 40 years in human resources management with a focus on organizational development, learning and leadership development. She is the author of The Healthcare Training Handbook.

Larry Harmon, PhD, is a psychologist and founder of the PULSE 360 Program, and was a voluntary associate professor for 10 years at University of Miami's Department of Psychiatry. The PULSE 360 has provided feedback to 15,000+ physicians/clinicians in over 700 clinics and hospitals. Larry has co-authored over 10 articles on physician professionalism, teamwork and disruptive behavior.
