PHM 2016 Workshop

Desperately Seeking Feedback:
DEVELOPMENT OF A FACULTY COACHING PROGRAM FOR ROUNDS

Meet and Greet! Please share:

- Your name, role
- Size of your peds hospitalist program
- Whether or not you do family-centered rounds
- A lesser known fact about yourself
**Disclosure Statement**

We have no relevant financial relationships with the manufacturer of any commercial product and/or provider of commercial services discussed in this activity.

We do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.

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**Learning Objectives**

1. Devise a plan to leverage existing institutional priorities to create a coaching program for direct observation and feedback.
2. Develop strategies to overcome barriers to engaging faculty and residents in direct observation and feedback.
Workshop Outline

- Structure of our Rounding Coach Project (10 min)
- Design your own Rounding Coach project (35 min)
  - Set SMART objectives (5 min)
  - Active step-back peer mentoring in triads (30 min)
- Barriers/strategies in large group (10 min)
- “Top 3” barriers in small groups (10 min)
- Report out, wrap-up and toolkit (10 min)

Rounding Coach Project in Seattle

- Global aim: improve patient- and family-centered care on General Medicine rounds through peer coaching (attending-to-attending)
- Collect baseline information using:
  - Rounds checklist
  - Patient/family survey after rounds
- Use baseline data to inform peer coaching intervention
What does Patient and Family Centered Care mean?

- **Key principles:**
  - Respect and dignity
  - Information sharing (complete, unbiased, timely, accurate)
  - Participation/shared decision making: “at the level they choose”
  - Collaboration on an institution-wide basis

Source: Institute for Patient and Family Centered Care (IPFCC)

Engaging patients and families in decision-making improves:

- Discharge planning
- Patient safety
- Health outcomes
  - Recovery time after surgery
  - Hospital length of stay
  - Rehospitalization rates
  - Self-management at home
- Patient-doctor communication
- Patient and staff satisfaction

Key Stakeholders

- Executive hospital leadership (Senior VP; Pediatrician-in-Chief)
- Family Advisory Council
- Graduate Medical Education/Program Director
- Division of General Pediatrics and Hospital Medicine
- Maintenance of Certification (MOC) Portfolio Program through ABMS – Part 4 Credit

What is the ABMS Portfolio Program?

- Opportunity to align hospital goals with provider recertification and QI activities
- Institutions apply to become MOC Portfolio Programs
  - Oversee all MOC QI projects
  - Submit MOC Part 4 credit directly to ABMS
- Fees paid every 2 years (minimum $500)
- Regular reporting (3x/year)
Readiness Checklist for Portfolio Program

- Organizational commitment to quality improvement
- Organizational demonstration of quality improvement
- Organizational funding of quality improvement efforts
- Organizational commitment to physician participation in quality improvement
- Organizational commitment to participation in the Portfolio Program

Source: https://mocactivitymanager.org/

MOC without a Portfolio Program

- ABP credit
- ≤ 10 physicians: $75/project/year
- > 10 physicians: $250/project/2 years
- ABP provides coaches to assist with application process
- Turnaround time: 1-2 months for approval
QI Approach

Structure of Project Pilot

- Timeline: ~9 months start to finish
- Advertise & enroll Coaches
- Kick-off meeting (1 hr)
- Baseline Observations
- Feedback Workshop (2 hrs)
- Observations with Coaching
- Check-in meeting (1 hr)
- Attestation (1 hr)
### Tips to a Successful Encounter

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’Ts</strong></th>
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<tbody>
<tr>
<td>Be constructive</td>
<td>Avoid judgmental statements</td>
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<td>Be direct</td>
<td>Avoid hearsay or speculation</td>
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<td>Be specific</td>
<td>Avoid generalizations</td>
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<td>Be timely</td>
<td>Avoid significant delay</td>
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<td>Collect first-hand experience</td>
<td>Avoid second-hand or third-hand observations</td>
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<tr>
<td>Focus on modifiable behaviors</td>
<td>Do not focus on personality or competition</td>
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<td>Focus on decisions and actions</td>
<td>Avoid projecting intentions on your colleague’s actions, making assumptions, and over-interpreting the situation.</td>
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<td>Limit the amount of feedback</td>
<td>Avoid a laundry list</td>
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<tr>
<td>(Select a few things at most to talk about)</td>
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<td>Be an ally</td>
<td>Do not be an adversary</td>
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<td>Have your colleague summarize key components</td>
<td>Do not assume understanding</td>
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<tr>
<td>Set action and follow-up plans</td>
<td>Do not assume behavior change will occur without follow-up.</td>
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Peer (attending-to-attending) coaching on rounds will improve patient- and family-centered care.

**Global Aim**

**Specific Aims**

- Families and patients on the General Medicine teams will report in the rounding coach survey that appropriate expectations had been set about rounds, and their preferences were elicited prior to rounds. (top box scores) 90% of the time by October 2015.

**Primary Drivers**

- Families experience appropriate communication on rounds.
- Multidisciplinary teams have shared mental model for rounding process and goals.
- Medical team identifies areas for improvement on rounds and makes changes to meet those goals.
- Rounds proceed and finish in a timely manner.
- Families and providers have appropriate, shared expectations ahead of rounds.

**Secondary Drivers**

- FCR checklist is implemented as part of rounds.
- Coaches provide direct observation on rounds (Hawthorne effect).
- Coaches provide direct feedback to attending/team.
- Data from family survey available to medical team.
- Structure of rounds and patient/family expectations of rounds are discussed, on admission and throughout hospital stay.
- Rounding schedule provides adequate time for FCR.

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**Rounding Checklist**

- [http://www.hipxchange.org/familyrounds](http://www.hipxchange.org/familyrounds)
- One checklist per patient on rounds
Patient/Family Survey

DATE: ___________________ COACH: ___________________

Coach asks patient or family the following questions and records their answers.

Definition of rounds: “Rounds is the time when the doctors and nurses and other care team members come together to talk about the plan for the day for your child.”

Definition of medical team: “Anyone on your medical team, including doctors, nurses, and medical students.”

1) At the start of this hospital stay, did anyone from your medical team talk to you about what rounds would be like?
   (Choose one):
   □ Yes
   □ No
   □ I'm not sure

2) Before rounds today, did anyone ask you if you wanted to take part in rounds?
   (Choose one):
   □ Yes
   □ No
   □ I'm not sure
   2a) If “Yes”, did they ask how you wanted to participate in rounds?
      □ Inside the room, with your child
      □ Outside the room, without your child
      □ Other: ___________________

Feedback Form

SCH MOC Rounding Coach Feedback Form

Please complete after your rounds observations. You may use this form to plan your feedback session with the attending, or you may complete the form after you have provided feedback. Complete one form for each attending to whom you give feedback per day.

DATE: ___________________

COACH: ___________________

Things done well:

1. ____________________

2. ____________________
Metrics/Measures

- Process
- Outcome
- Balancing

Process Measure: Checklist Adherence

General Medicine teams will adhere to all of the items on the rounding checklist for each patient on rounds 90% of the time by October 2015.
Outcome Measure

Families and patients on the General Medicine teams will report in the Rounding Coach survey that appropriate expectations had been set about rounds, and their preferences were elicited prior to rounds (top box scores) 90% of the time by October 2015.

Balancing measures

- Mean score for teaching on rounds (resident evaluations of faculty)
- Average rounding time per patient
- Percent of time that rounds finish on time
### S.W.O.T. Analysis

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## Individual Objectives and SWOT
## Coach responsibilities

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<tr>
<th><strong>Baseline Period</strong></th>
<th><strong>Intervention (Coaching) Period</strong></th>
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<tbody>
<tr>
<td>Observe rounds on at least 10 patients</td>
<td>Observe rounds on at least 6 days, <em>minimum 2 days with same attending</em></td>
</tr>
<tr>
<td>Complete checklist and family survey for each patient</td>
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</tr>
<tr>
<td></td>
<td>Provide feedback and coaching to attending on team</td>
</tr>
<tr>
<td></td>
<td>Fill out feedback form</td>
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</tbody>
</table>
Aim: Gen Med teams will adhere to all of the items on the rounding checklist for each patient on rounds 90% of the time by October 2015.

<table>
<thead>
<tr>
<th>Checklist</th>
<th>All items checked</th>
<th>At least one item not checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO COACHING</td>
<td>4 (7%)</td>
<td>53 (93%)</td>
</tr>
<tr>
<td>(April-June 2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WITH COACHING</td>
<td>26 (30%)</td>
<td>60 (70%)</td>
</tr>
<tr>
<td>(July-Sept. 2015)</td>
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<td></td>
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</tbody>
</table>

p-value < 0.001
Cycle 1 Average Score: Survey Questions 1-6

Cycle 1 Family Survey Responses: Questions 1-6
Balancing measures

#1. There will be no change in the mean response values (pre/post intervention) for questions relevant to rounds in the resident teaching evaluations of General Medicine attendings.

#2. When surveyed by the team coordinators or Rounding Coach, rounds will finish on time 80% of the time by October 2015.

#3. Average rounding time per patient
pre-intervention: 11.8 minutes
post-intervention: 13.6 minutes
p-value = 0.04
**List of Resources**

Desperately Seeking Feedback: Development of a Faculty Coaching Program for Rounds

**Quality Improvement and Self-Directed Learning Modules**
- Institute for Healthcare Improvement (IHI): [ihi.org](http://ihi.org) and [ihi.org/education](http://ihi.org/education)
- IHI Open School: [http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx](http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx)
- The Healthcare Improvement Skills Center: [https://www.improvementskills.org/index.cfm](https://www.improvementskills.org/index.cfm)
- QI Modules on MedEd Portal, AAMC: [https://www.mededportal.org/](https://www.mededportal.org/)

**Family-Centered Rounds**
- FCR toolkit (University of Wisconsin): [https://hipxchange.org/FamilyRounds](https://hipxchange.org/FamilyRounds)
- Institute for Patient- and Family-Centered Care: [http://www.ipfcc.org](http://www.ipfcc.org)

**Maintenance of Certification (MOC)**
- Seattle Children’s Hospital MOC Program: [http://www.seattlechildrens.org/moc](http://www.seattlechildrens.org/moc)
- American Board of Pediatrics (ABP) MOC Overview: [https://www.abp.org/content/moc-overview](https://www.abp.org/content/moc-overview)
- ABP Portfolio Program: [https://abp.mocactivitymanager.org/sponsorgroups/portfolios/](https://abp.mocactivitymanager.org/sponsorgroups/portfolios/)
- American Board of Medical Specialties (ABMS) Portfolio Program: [http://mocportfolioprogram.org](http://mocportfolioprogram.org) and [https://mspp.mocactivitymanager.org/portfoliosponsor/](https://mspp.mocactivitymanager.org/portfoliosponsor/)

**Peer-Reviewed Publications**

**Questions, feedback, ideas? Feel free to get in touch!**

Sahar N. Rooholamini, M.D., M.P.H.
sahar.rooholamini@seattlechildrens.org
Personal Reflection

1. Name one or two specific objectives that you would like to achieve through direct observation and feedback of patient and family centered communication on rounds. Note if each objective targets faculty, trainees (e.g., residents, fellows) or both. Try to use SMART (Specific, Measurable, Achievable/Attainable, Relevant, Time-Bound) principles in defining your objective(s).

   Examples:
   - By December 2016, 85% of patients on rounds will report that all team members introduced themselves.
   - By the end of intern year, 90% of interns will address discharge criteria during every rounding encounter.

SWOT (Strengths, Opportunities, Weaknesses, Threats) Exercise

2. Keeping in mind your specific objective(s), create a SWOT table. Each quadrant should address the following questions:

<table>
<thead>
<tr>
<th>Internal</th>
<th>Strengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. What aspects of your current rounding structure strengthen communication with families?</td>
</tr>
<tr>
<td></td>
<td>2. What teaching do trainees already receive on patient and family centered communication (PFCC)?</td>
</tr>
<tr>
<td></td>
<td>3. Which faculty members or trainees excel in PFCC on rounds?</td>
</tr>
<tr>
<td></td>
<td>4. In what ways do the other interdisciplinary team members present on rounds promote or model exemplary PFCC skills?</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<td>Weaknesses:</td>
<td></td>
</tr>
<tr>
<td>1. What are common constraints that impede good communication with families on rounds?</td>
<td></td>
</tr>
<tr>
<td>2. What gaps in knowledge exist about PFCC best practices?</td>
<td></td>
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<tr>
<td>3. What cultural norms detract from PFCC on rounds?</td>
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<table>
<thead>
<tr>
<th>External</th>
<th>Opportunities:</th>
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<tbody>
<tr>
<td></td>
<td>1. What trends or conditions already exist that could bolster your project and/or buy-in?</td>
</tr>
<tr>
<td></td>
<td>2. What might incentivize faculty to participate?</td>
</tr>
<tr>
<td></td>
<td>3. How might this overlap with existing initiatives within your institution?</td>
</tr>
<tr>
<td></td>
<td>4. What work are you aware of happening elsewhere that is applicable to your goals?</td>
</tr>
<tr>
<td></td>
<td>5. What external learning resources could be tapped to help you plan and implement your project?*</td>
</tr>
</tbody>
</table>

| Threats: |
| 1. How will time pressures impact your project’s success? |
| 2. Do you have financial support? |
| 3. Does this work duplicate other existing work? |
| 4. What are gaps in personnel and staffing resources? |
| 5. What factors could limit sustainability? |

* Examples include: Institute for Healthcare Improvement QI Modules (ihi.org); Institute for Patient and Family-Centered Care (ipfcc.org); UW-Madison’s Family-Centered Rounds toolkit (https://www.hipexchange.org/familyrounds)
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**Global Aim**

Peer (attending-to-attending) coaching on rounds will improve patient- and family-centered care.

**Specific Aims**

- Families and patients on the General Medicine teams will report in the rounding coach survey that appropriate expectations had been set about rounds, and their preferences were elicited prior to rounds, (top box scores) 90% of the time by October 2015.

**Primary Drivers**

- Families experience appropriate communication on rounds
- Multidisciplinary teams have shared mental model for rounding process and goals
- Medical team identifies areas for improvement on rounds and makes changes to meet these goals
- Rounds proceed and finish in a timely manner
- Families and providers have appropriate, shared expectations ahead of rounds

**Secondary Drivers**

- FCR checklist is implemented as part of rounds
- Coaches provide direct observation on rounds (Hawthorne effect)
- Coaches provide direct feedback to attendings/team
- Data from family survey available to medical team
- Structure of rounds and patient/family expectations of rounds are discussed, on admission and throughout hospital stay
- Rounding schedule provides adequate time for FCR
# SCH MOC Rounding Coach Observation Tool and Survey

**Complete one checklist and one survey PER PATIENT**

**DATE:**

**Bedside Rounds Start Time:**

**COACH:**

**Bedside Rounds End Time:**

<table>
<thead>
<tr>
<th>MOC Rounding Coach Checklist</th>
<th>Checklist tips</th>
</tr>
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<tbody>
<tr>
<td><strong>Patient- and Family-Centered Care</strong></td>
<td><strong>Patient- and Family-Centered Care</strong></td>
</tr>
<tr>
<td>☐ Ensure nurse is present</td>
<td>☐ Ensure nurse is present</td>
</tr>
<tr>
<td>☐ Check family preference for rounds</td>
<td>☐ Check family preference for rounds</td>
</tr>
<tr>
<td>- Participate with patient (in room or hallway)</td>
<td>- Team Coordinator calls ahead; if needed, ask Charge Nurse for help</td>
</tr>
<tr>
<td>- Participate without patient (in hallway)</td>
<td>- One person asks preference just prior to team entering room</td>
</tr>
<tr>
<td>- Not participate</td>
<td>- Ask if the family knows everyone on team</td>
</tr>
<tr>
<td>☐ Ask if the family knows everyone on team</td>
<td>- “Do you know everyone here?” or “Should we do some introductions?”</td>
</tr>
<tr>
<td>- Introduce unfamiliar team members and their roles</td>
<td>☐ Discuss assessment and plan for day with family</td>
</tr>
<tr>
<td>☐ Discuss assessment and plan for day with family</td>
<td>- “Plan for the day, plan for the stay, what’s in the way”</td>
</tr>
<tr>
<td>☐ Review and update goals for discharge with family</td>
<td>- Use the same technique as plan for day</td>
</tr>
<tr>
<td>☐ Ask family for their concerns and questions</td>
<td>- If no change, say so</td>
</tr>
<tr>
<td>☐ Ask team for questions</td>
<td>☐ Ask family for their concerns and questions</td>
</tr>
<tr>
<td>☐ Provide relevant, focused teaching point</td>
<td>- “What questions do you have about what we talked about today?”</td>
</tr>
<tr>
<td></td>
<td><strong>Teaching</strong></td>
</tr>
<tr>
<td></td>
<td>☐ Ask team for questions</td>
</tr>
<tr>
<td></td>
<td>- Make eye contact with team members</td>
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<tr>
<td></td>
<td>☐ Provide relevant, focused teaching point</td>
</tr>
<tr>
<td></td>
<td>- Some examples: a clinical or basic science “pearl,” an exam finding, or contingency planning in case of clinical change</td>
</tr>
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*Start time defined as the EARLIEST of: (1) time when presentation begins to the team, usually with patient name/identifier (“Sarah is a 5 year old with…”), OR (2) time when the first member of the team enters the patient’s room with the team’s specific purpose being to see and discuss patient’s care together with family.*

**End time defined as the LATER of: (1) time when team discussion about patient, or topics related to that patient’s care, ceases, OR (2) time when the last member of the team exits the room.*

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Coach asks patient or family the following questions and records their answers.

Definition of rounds: “Rounds is the time when the doctors and nurses and other care team members come by as a group to talk about the plan for the day for your child.”

Definition of medical team: “Any care team members who are usually here for rounds for you/your child, including doctors, nurse(s) and medical students.”

1) At the start of this hospital stay, did anyone from your medical team talk to you about what rounds would be like?

Choose ONE:
- Yes
- No
- I’m not sure

2) Before rounds today, did anyone ask you if you wanted to take part in rounds?

Choose ONE:
- Yes
- No
- I’m not sure

2a) If ‘Yes’, did they ask how you wanted to participate on rounds?
- Inside the room, with your child
- Outside the room, without your child
- Other: __________________________

3) Before rounds today, did anyone ask you what you wanted to talk about on rounds?

Choose ONE:
- Yes
- No
- I’m not sure
4) Did you know who everyone was on rounds today?

Choose ONE:
- Yes
- No
- I’m not sure

5) During rounds today, how often did you understand the words your medical team used?

Choose ONE:
- Always
- Most of the time
- Some of the time
- Very little of the time
- Never

Questions 6-12.
How much do you agree or disagree with each of the sentences below?

6) My medical team knew what I wanted to talk about on rounds today.

Choose ONE:
- Yes, definitely
- Yes, somewhat
- Neutral
- No, not really
- No, not at all

7) My medical team listened to me during rounds today.

Choose ONE:
- Yes, definitely
- Yes, somewhat
- Neutral
- No, not really
- No, not at all
8) I had a chance to ask the questions I wanted to ask during rounds today.

Choose ONE:
☐ Yes, definitely
☐ Yes, somewhat
☐ Neutral
☐ No, not really
☐ No, not at all

9) All of my questions and concerns were addressed during rounds today.

Choose ONE:
☐ Yes, definitely
☐ Yes, somewhat
☐ Neutral
☐ No, not really
☐ No, not at all

10) I know what the plan of care is for me/my child after rounds today.

Choose ONE:
☐ Yes, definitely
☐ Yes, somewhat
☐ Neutral
☐ No, not really
☐ No, not at all

11) I know what needs to happen in order for my child to be discharged from the hospital.

Choose ONE:
☐ Yes, definitely
☐ Yes, somewhat
☐ Neutral
☐ No, not really
☐ No, not at all

12) I felt comfortable sharing my opinion with the care team during rounds today.

Choose ONE:
☐ Yes, definitely
☐ Yes, somewhat
☐ Neutral
☐ No, not really
☐ No, not at all
SCH MOC Rounding Coach Feedback Form

Please complete after your rounds observations. You may use this form to plan your feedback session with the attending, or you may complete the form after you have provided feedback. Complete one form for each attending to whom you give feedback per day.

DATE: ________________________________

COACH: ______________________________

Things done well:

1. 

2. 

3. 

Things to work on:

1. 

2. 

3. 

Plan(s) for next rounds:

1. 

2. 

3. 

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Tips for Peer Debriefing and Feedback
Emily Ruedinger, MD and Andrew Olson, MD

Recognizing the Good, the Bad, and the Ugly...

- Positive feedback feels good to give and receive, and is important to reinforcing good behaviors and skills.
- Constructive (or “negative”, if you will) feedback is important in promoting growth and improvement. Truly constructive feedback is a precious commodity! Don’t shy away from the opportunity to promote growth in your colleague (or to receive it yourself!) because you feel badly about doing it. Everyone has room for improvement. The more feedback is normalized, the less awkward it will feel.
- It is easier to stomach constructive feedback if the receiver knows that you have also noticed the good things they have done. And luckily, our colleagues usually do more things right than wrong.
  - Delivering positive and constructive feedback at the same time (for example, using a “feedback sandwich”), can lead to feedback overload, and can dilute the value of both the positive and constructive feedback. People hear this: “Your shirt is cool, you’re a bad communicator, nice shoes”
  - The feedback bank is one way to help mitigate this. Give positive feedback freely, often, and on-the-spot whenever you can—as long as it is authentic. These are your deposits into the bank. Then, when you need to give constructive feedback, this is your withdrawal. The person already knows that you’re aware of their many good attributes, too.

Set the Stage for Meaningful & Productive Feedback

- Frame the discussion.
  - Assuming you’ve already put some positive feedback deposits in the bank, you might say something like, “You’re doing a lot of things really well, and we’ve already talked about a lot of them when I see them happening. Now I’d like us to talk about ways to move you to the next level.” Sometimes you need to be very explicit: “We are going to do some constructive feedback now.”
  - Set clear and upfront goals for the feedback session.
    - What does the learner want? A coach, an advisor, a sympathetic ear, or a warm body?
    - What are you willing to give? Sometimes we’re able to provide coaching or advising, but can’t offer to just listen (there is a specific feedback objective that must be achieved).
    - If there is a discrepancy, can you come together and find a shared goal? If not, at least frame the conversation clearly so that the person knows what to expect.
- Try to initiate discussions for the purpose of feedback when both parties have the time and are in the right frame of mind to participate in productive conversation.

During Feedback

- Respect that different individuals will have varied responses to challenging situations. Some of your peers may want to discuss things right away, whereas others may need a little distance from the situation.
- Prompt your colleague to reflect. Moving your colleague towards coming up with his or her own solutions will likely lead to a more impactful feedback session (utilize motivational interviewing techniques).
  - What might you have done differently?
  - What circumstances set the team up for this challenge?
  - When do you feel like things have gone really well in a similar situation?
- If a person is focused only on statements about the system or others, validate those feelings and consider saying, "Those are all really important contributing factors. It is frustrating when you feel like the system is working against you! Are there any factors that you might identify that YOU actually have control over, that could change things next time a similar situation arises?"
• Focus on modifiable behaviors or strategies.
• Avoid giving feedback on personality traits (for example, “Perhaps next time in a similar situation, you can ask the senior resident to clarify the daily plan for each family.” is more productive than saying, “You need to be more assertive with the residents.”)
• You do not need to be the expert or have all the answers, but you can provide a different perspective and serve as a sounding board.
• Avoid making the conversation about you—it is okay to make some general statements about how you’ve been (or not) in similar situations—but keep the focus on the situation at hand.
• Be specific and direct
• Limit the discussion to one or two modifiable behaviors or it will become overwhelming.
• Create an action plan. Ask, “How likely are you to make the changes we discussed?” or, “How confident are you that you can make this change?” If they feel likely/confident, great. If not, explore further before moving on.
• Feedback is a process, not a one-time event. Make a plan to “check in” with your colleague in a couple of days.
• Offer to help them seek other help (Chiefs, Program Directors, others) if necessary.

Follow These Do’s and Don’ts to Have a Successful Encounter

<table>
<thead>
<tr>
<th>DO</th>
<th>DON'TS</th>
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<tbody>
<tr>
<td>Be constructive</td>
<td>Avoid judgmental statements</td>
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<tr>
<td>Be direct</td>
<td>Avoid hearsay or speculation</td>
</tr>
<tr>
<td>Be specific</td>
<td>Avoid generalizations</td>
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<tr>
<td>Be timely</td>
<td>Avoid significant delay</td>
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<tr>
<td>Collect first-hand experience</td>
<td>Avoid second-hand or third-hand observations</td>
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<tr>
<td>Focus on modifiable behaviors</td>
<td>Do not focus on personality or competition</td>
</tr>
<tr>
<td>Focus on decisions and actions</td>
<td>Avoid projecting intentions on your colleague’s actions, making assumptions, and over-interpreting the situation.</td>
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<tr>
<td>Limit the amount of feedback</td>
<td>Avoid a laundry list</td>
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<tr>
<td>(Select a few things at most to talk about)</td>
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<td>Be an ally</td>
<td>Do not be an adversary</td>
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<td>Have your colleague summarize key components</td>
<td>Do not assume understanding</td>
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<tr>
<td>Set action and follow-up plans</td>
<td>Do not assume behavior change will occur without follow-up</td>
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3. Courtesy of Linda Covert, RN.

Feedback Tips: Emily Ruedinger, MD and Andrew Olson, MD
Scenario #1: Dr. Paprika

**Rounding Coach:**

You have been observing Dr. Paprika’s rounds this morning for approximately 2 hours. By the time the team rounds on its seventh patient, you have noticed a pattern – the team is not checking with families and patients about whether or not they would like to join rounds. For 3 patients, Dr. Paprika or the senior resident asked to “table round” without the family members and update them later, “in the interest of time.” Dr. Paprika mentioned to the team at the outset of rounds that there is an important meeting that she must attend at noon and rounds need to finish before then.

It is 11:40 am and rounds finish. You ask Dr. Paprika if she could spend 5 minutes with you discussing rounds, and she agrees, somewhat reluctantly.

Before you start the role-play, consider:

- How you will open the conversation with Dr. Paprika and get her motivated to think about how communication went on rounds today;
- How you will structure your feedback (e.g., ‘Ask-Tell-Ask’).

**Attending Physician (Dr. Paprika):**

You have attended on the inpatient General Medicine service for more than 10 years. You are an accomplished “triple threat” in pediatrics – a recognized and respected clinician, educator and researcher. You have seen many iterations of rounding improvement projects and are pessimistic that any real change will come from any of them. In fact, you are not sure what is wrong with the current rounding system since it has worked well for many years. You are in a particular rush today because there is a very important meeting during which you will be giving a presentation at noon. You tried unsuccessfully to reschedule that meeting and are relieved when the team agrees to speed through rounds today in order to finish on time. You are not particularly interested in getting feedback from the more junior Rounding Coach who is observing you, but are willing to take 5 minutes to get this done before you go to your meeting.
Scenario #2: Dr. Marjoram

Rounding Coach:

You have observed Dr. Marjoram for two consecutive days on the General Medicine service. He is one of the newer attendings and has been very conscientious about following the checklist and receiving feedback after rounds. You have noticed that Dr. Marjoram is very critical of himself and quick to point out any small thing that was not done perfectly. For example, during yesterday’s discussion and feedback after rounds, he mentioned that he “felt awful” about neglecting to update the white boards in patient rooms during rounds, and made a point to write the day’s plans for every patient on rounds today.

You are about to give feedback at the end of rounding day #2 to Dr. Marjoram, and even before you can ask how things went for him, he says, “Today’s rounds weren’t much better than yesterday, were they? I forgot team introductions on the first patient; didn’t ask the last patient if they had any questions; and gave a teaching pearl on only a few! I’m so sorry you had to observe that; it was a disaster!”

Before you start the role-play, consider:

- How you can convey support to your nervous colleague; and
- How to narrow down your feedback to specific and modifiable behaviors and avoid over-generalization.

Attending Physician (Dr. Marjoram):

This is your second week on service, and your first year as an attending. You welcome the opportunity to receive feedback on your rounding and leadership skills but are also adjusting to the new system and logistics of this hospital. With the higher-than-usual patient census on your team right now, and brand new seniors and interns, you are a bit overwhelmed with the responsibilities of teaching and clinical care but are determined to put forth your best effort.

You are disappointed with how rounds went today, because there were many distractions (phone calls; pages) that kept the team from focusing on bedside rounds. You were hoping to do more bedside teaching on your patient with viral meningitis and dehydration, as well as the patient with periorbital cellulitis, but there just didn’t seem to be enough time. You are trying to let the senior resident “run the team,” but haven’t quite figured out a balance; you have jumped in when you don’t feel the intern is communicating well with the family, but you would like the senior resident to find her own voice to help lead the intern in those situations. You are concerned that you have missed important opportunities to teach and role model good communication.

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Scenario #3: Dr. Salt

Rounding Coach:

You are excited to observe your friend and colleague, Dr. Salt, on rounds today. Dr. Salt helped to recruit you and you work together on a couple of administrative and QI committees at the hospital.

Rounds are busy for Dr. Salt’s team today: there are 12 patients, 3 of whom have significant medical complexity and 2 of whom recently transferred out of the ICU with substantial care coordination needs. The rounding team today consists of: Dr. Salt, a senior resident, 2 interns, a medical student, pharmacist, nutritionist, nurse case manager and team coordinator. On rounds, you observe Dr. Salt doing several things well; for example, consistently making sure that families are asked about their preference to join rounds, eliciting patient and family questions, and letting residents take the lead in answering them. However, introductions weren’t made for any of the patients, even though the majority were new admits or transfers, and a couple of parents remarked to you afterward that they felt intimidated to ask questions when the big group of strangers stood beside their child’s bed.

It’s now time for discussion and feedback with Dr. Salt. You think, “This should be easy!” since you have specific suggestions for feedback and know Dr. Salt well.

Attending Physician (Dr. Salt):

This has been an especially busy day on your team but overall you think that rounds went well – every patient had a plan made for the day; there were quick teaching points on a few of the patients; and you finished in time for noon conference!

Although you agree that rounds need improvement, you are not terribly excited about being observed by your friend, especially on a day like today. You think that the rounding checklist and coaching intervention are great in theory but don’t take into account the need for efficiency on rounds. Doing everything on the checklist seems excessive for each patient.

When receiving feedback from your colleague, you want to make sure to remind them that today was unusual in terms of census and types of patients and that it is hard to judge the quality of rounds by just observing one randomly chosen day. You don’t think that today was representative of how rounds normally go for you.