Increasing Medical Team Cohesion and Leadership Behaviors Using a 360-Degree Evaluation Process

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ABSTRACT

Current national health care issues of affordability, quality, and accessibility have prompted the development of Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes (PCMHs). Components of ACOs and PCMHs call for increased capacities in areas of teamwork, engagement, and physician leadership skills and behaviors. Three hundred sixty degree feedback evaluation processes have been established in corporate environments as effective for increasing capacities in these areas. Recently, health care organizations have begun to adopt the use of such tools with positive outcomes. This article presents a case study of the development and implementation of a 360-degree evaluation process at a family medicine clinic. We also discuss the challenges, successes, and lessons learned along the way.

INTRODUCTION

A growing body of research demonstrates the significance of physicians' interpersonal skills in relationship to improved patient experience,[1] treatment effectiveness[2,3] and a culture of safety.[4] Additionally, interpersonal skills are recognized as playing a significant role in team cohesion[1,5] and leadership development,[6-8] both of which are components of the successful development of PCMHs and ACOs.[9-12] For example, the National Demonstration Project, which studied 36 primary care practices transitioning to the PCMH model, noted that integral to the transition are the physicians' capacity to communicate well and to develop trust among staff.[13]

Three hundred sixty degree evaluation processes increasingly are recognized as being effective in developing positive leadership behaviors,[14,15] especially when combined with coaching.[16] Positive leadership behaviors (for example, approachability and respect) in turn are shown to enhance team cohesion, physician and staff engagement, and an improved culture of safety, all three of which correlate to decreased frequency of errors.[17,18]

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Used initially in corporate settings, these processes recently have been adopted by healthcare organizations[19] as the leadership development of physicians is recognized as critical to organizational effectiveness.

In our clinic (in which the first author is a practicing physician and the second author was the consultant for this process), we had additional motivation for implementing a 360-degree evaluation process: the atmosphere in our medical practice did not allow for safe and productive process improvement communications between clinical and office staff. For example, a scheduling request made by a provider to an office staff member could result in a cascade of negative interactions, the repair of which consumed valuable time and energy.

In light of the perceived power imbalance and hierarchy typically found in health care organizations, our provider group decided it would be best for us to assume primary responsibility for these communication obstacles. Moreover, we thought the process might help us discover "blind spots" in our personal communication and practice habits.

A desired outcome was visible progress toward the creation of a "coaching culture"[20] in which levels of trust and communication would allow for respectful, productive coaching—both spontaneous and scheduled—to support achievement of organizational goals. The ideal environment would be one in which a staff member or allied health provider would feel safe providing ongoing feedback to the provider team, and in which the provider receiving the feedback would be able to accept and integrate it in the spirit of continuous improvement and both personal and professional growth.

BACKGROUND

This case study was conducted in a family medicine clinic in a rural central Wisconsin community, part of a large, integrated health system serving a tri-state area. The clinic is staffed by 6 full-time family physicians and 2 associate mid-level providers.

Providers range in age from 35 to 55 years, with a similar number of males and females. Years in practice range from 3 to 27. The 42-member support staff consists of allied health providers including nurses, laboratory and radiology staff, and business office personnel.

METHODS

In this study, a 360-degree evaluation is defined as a performance evaluation of providers (physicians and associate providers) that focuses on interpersonal and communication skills and which is completed by all clinic staff and the providers themselves. Although not included for this specific process, evaluations also could have been requested from patients, suppliers, and referring physicians.

There was initial apprehension that using a 360-degree evaluation process in an environment where tensions already existed might aggravate rather than improve negative behaviors and relationships. Therefore, the provider team decided to partner with an external consultant[21] possessing expertise in organizational development and leadership coaching, who worked directly with the lead physician. The use of an external consultant provided a sense of objectivity and trust in maintaining anonymity with regard to the provider feedback (ie, the external consultant was not perceived as being embedded in the culture and politics of the organization). The consultant developed the evaluation survey in partnership with the lead physician and with input from the provider team. The consultant gathered, analyzed, and delivered the feedback data. During year 1, the consultant provided professional development on coaching skills. During year 2, the consultant provided the feedback to each provider during one-on-one coaching sessions and facilitated group processes/

meetings. The consultant spent approximately 80 total hours on each annual process. The administrative leadership of the clinic served as a champion for the process, encouraging trust and participation from staff.

While a number of "off-the-shelf" 360-degree evaluation tools with standardized questions exist, our practice decided to develop a unique feedback process that used our organizational values as the benchmark for measurement and evaluation. When providers join our practice, they are asked to sign a "values compact," a document that spells out system-wide, agreed-upon organizational values as outlined below. Developing and using a tool based on longstanding organizational values served the dual role of educating staff about those values and reinforcing them.[22]

The organizational values measured in this process were:

- teamwork
- efficiency
- compassion
- support of team members
- quality of care
- respect
- willingness to change

The survey was administered in 2009 and 2010 using Survey Monkey (www.surveymonkey.com). The survey tool provided anonymity, analysis, and reporting of data. The survey consisted of 8 questions (Table 1) and used a 5-point Likert scale. Providers were established as a separate response group from the rest of the staff. Participation in the process was voluntary. Precautionary measures were taken to maximize internal validity including evidence of temporal precedence and no plausible alternate explanations for the results. (See Results).

Year 1

The survey response rate was 75% (6/8) for the provider group and 81% (34/42) for the staff group. Individual feedback, along with blinded aggregate data, was given to each provider in writing. Within 2 weeks of receiving feedback, the providers participated in a professional development session facilitated by the consultant during an annual retreat in which training was provided on coaching and communication skills. Providers were not asked to share their feedback with one another, although one provider did so in the spirit of fostering an open group dynamic.

Participants generally felt the first year's feedback was

"benign" in nature. Providers' ratings were fairly high and there was little specific feedback, either positive or negative. Upon reflection, the provider team concluded that staff training was needed on how to deliver useful feedback. They also concluded that the benign feedback was likely due to a lack of trust in the confidentiality, anonymity, and usefulness of the process. Although providers expressed disappointment in the lack of specificity, they agreed that an important and unanticipated need for this first year was to establish a sense of trust in the process. After the retreat, the provider team agreed to implement the process the following year and also to modify the survey for year 2 by including comment fields after each question. Unfortunately, due to the relative lack of feedback from year 1, providers found it difficult to develop and implement action plans.
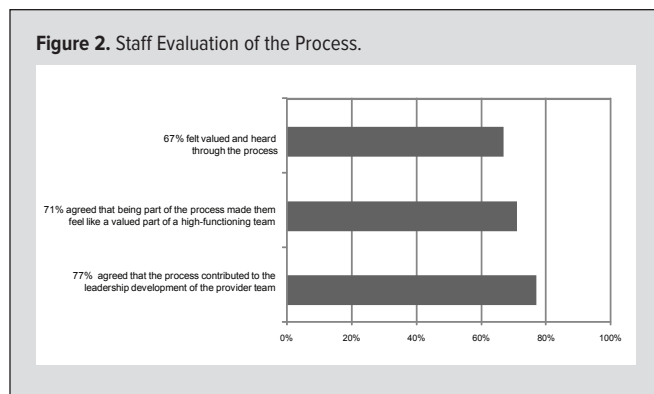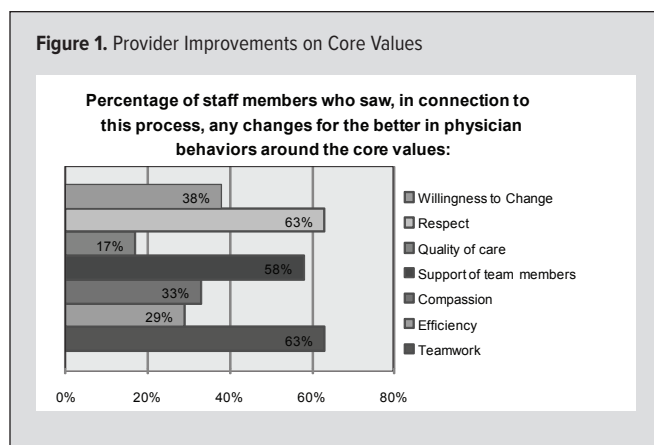
The provider team followed up with staff members via e-mail, describing the process outcomes, thanking them for their participation, and letting them know that the feedback was important to providers' continued professional development.

Year 2

In year 2, the response rate was 86% (5/6) for the provider group and 83% (35/42) for the staff group. The quality of feedback in year 2 differed from that of year 1 in that it was more specific and included negative as well as positive responses. Therefore, the feedback was delivered to providers during individual coaching sessions. Following the individual sessions, the provider group held a 2-hour, off-campus session facilitated by the consultant, with the objectives of transparently reviewing the results and having an opportunity to receive and provide peer coaching. Although names were assigned a code to blind results, all providers were able to see their own results with comparative data for the provider team as a whole. Each provider was given an opportunity to address concerns regarding his or her own or the group results. The consultant's presence during this session was necessary to establish a safe environment and to guide providers as they practiced a supportive coaching style of feedback with their colleagues.

The consultant used the guiding principles of CoachInc (www.coachinc.com) as the basis for her work with the providers. For example, instead of "telling a partner what we thought they should do better," providers were encouraged to ask the partner how he/she might envision a different approach to a difficult conversation with a staff member. Or they might ask the partner to recall a time when he/she successfully navigated a difficult conversation to build a positive relationship with a coworker.

This session was instrumental not only in developing and practicing coaching skills, but also allowed for the development

Figure 1. Provider Improvements on Core Values

Percentage of staff members who saw, in connection to this process, any changes for the better in physician behaviors around the core values:

- Willingness to Change: 38%
- Respect: 63%
- Quality of care: 17%
- Support of team members: 58%
- Compassion: 33%
- Efficiency: 29%
- Teamwork: 63%

Figure 2. Staff Evaluation of the Process.

- 67% felt valued and heard through the process
- 71% agreed that being part of the process made them feel like a valued part of a high-functioning team
- 77% agreed that the process contributed to the leadership development of the provider team

of individual action plans. For example, one provider chose to form an alliance with a receptionist to provide real-time feedback on his communication with reception staff. This alliance provided coaching to the provider, as well as an opportunity to transform the power imbalance that traditionally exists between support staff and physicians.

As with year 1, providers followed up with staff via e-mail, again thanking them for their participation and explaining how the feedback was delivered to the physicians and how it was used during the facilitated session and in the development of action plans.

RESULTS

Following the completion of the second year of the 360-degree evaluation process, the campus achieved the highest score within our entire system on a culture of safety survey, ranking nationally in the top 10%. There is no statistical evidence establishing a direct correlation between the 360-degree evaluation intervention and the culture of safety survey score. However, anecdotal evidence points to the 360-degree evaluation process as being a significant factor contributing to the clinic's high culture of safety scores.
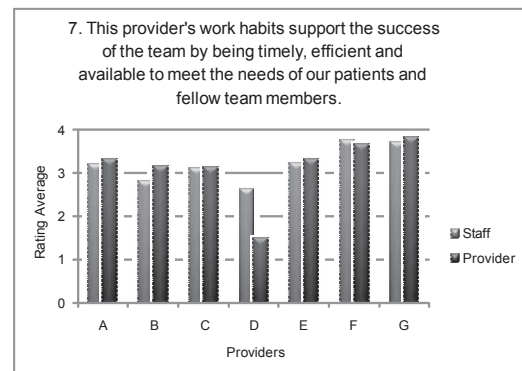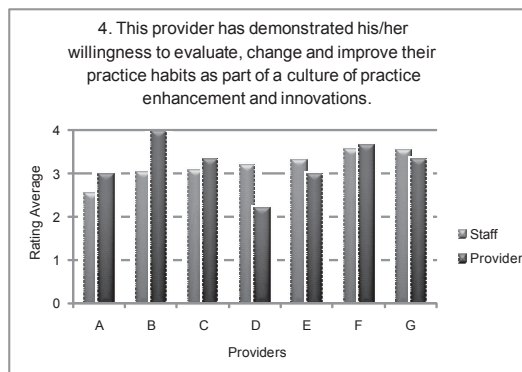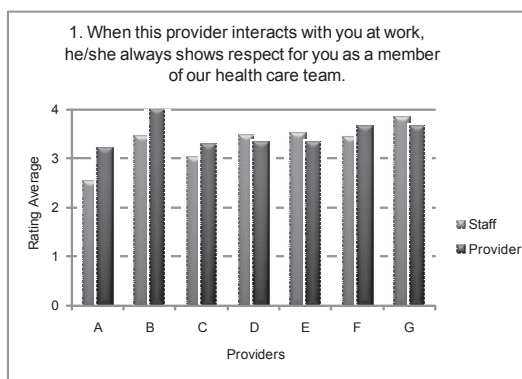
Also following the second year of implementation, staff members were asked how they perceived provider behavior changes with regard to the core values that were measured by

Table 2. Year-Two Process Evaluation Survey Questions

1. I believe this survey process has contributed to the leadership development of our physician team.

2. By being part of this process, I feel like I am a valued member of a highly functioning team.

3. This survey asked the right questions and has allowed me to give the kind of feedback to the providers on our team that I think is valuable.

4. What other questions should have been asked?

5. How can we improve this process for next year?

Questions 1-3 included a 5-point Likert scale and space for comments.
Questions 4-5 included only spaces for comments.

Figure 3. Samples of 360-degree Feedback Results

1. When this provider interacts with you at work, he/she always shows respect for you as a member of our health care team.

4. This provider has demonstrated his/her willingness to evaluate, change and improve their practice habits as part of a culture of practice enhancement and innovations.

7. This provider's work habits support the success of the team by being timely, efficient and available to meet the needs of our patients and fellow team members.

the 360-degree evaluation (Figure 1). Additionally, staff members were asked to evaluate the process (Table 2 and Figure 2). Below are staff comments from the process evaluation:

"I really did feel that [the process] made a difference. Some of the providers that had been more difficult to work with really seemed to change. It was great!"

"This was helpful to some who did not realize how they were coming across, and they are making an effort to improve that."

"While this is a new process and we have not used the results as fully as we might have, just being part of a team that is willing to do this type of hard stuff is very satisfying and makes me proud."

DISCUSSION

Over the course of 2 years, the use of a 360-degree evaluation process with providers at a family medicine clinic produced positive outcomes for both providers and staff (Figure 3). Our key recommendations for a successful process are as follows:

- Readiness and preparation:
  1. Achieve initial consensus from all providers and local leadership.
  2. Train providers in facilitated coaching.
  3. Develop a locally relevant survey tool, approved by providers.
  4. Keep staff informed, assure confidentiality, and build trust.
- Make participation voluntary.
- Use an external consultant/coach. An experienced facilitator/coach from outside the organization will help providers receive, frame, and learn from negative feedback.
- Develop action plans. Encourage providers to develop action plans to address "opportunities for improvement" identified within their results.
- Follow up with staff. Feedback will contribute to staff satisfaction. For example, staff reported high satisfaction with feedback about the development of providers' action plans, and they appreciated acknowledgement that their survey responses had been heard.

Lessons Learned for Future Reviews

- *Staff support and training.* It would have been helpful to provide staff training on how to provide instructive feedback and coaching. While our efforts have made significant strides in equalizing feelings around power differentials and have improved communication, such training might have decreased staff discomfort with giving performance reviews to providers.
- *Action plans.* It would have been helpful to build in follow-up and accountability to ensure successful completion.

Some providers' action plans were quite successful. Others would have benefited from a third party (clinic manager or outside facilitator) to provide additional support.

Future Steps

The providers have agreed to undertake this process for 1 additional year. There is some interest in moving from a retrospective, 360-degree evaluation process to a process that integrates an Appreciative Inquiry[23] approach. The former tends to focus on areas that are not working well, whereas Appreciative Inquiry is based on the assumption that inquiring about existing strengths, successes, values, and dreams can in itself cause transformation.[24] While this study focused on providers, in the future it may also be beneficial to provide feedback and development for nonprovider staff. Moreover, as trust and confidence in this process grows, it may be beneficial to consider integrating both physicians and staff members into an oversight team.

CONCLUSION

ACOs and PCMHs are two key initiatives being touted as solutions to some of the challenges faced by the US health care system, with physician engagement seen as critical to their success. Based on the results of the post-process survey, our clinic found that implementing a 360-degree evaluation process led to increased team cohesiveness and improved physician leader behaviors.

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