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

Robert S.D. Higgins, M.D.
Rush University
James M. Burke, Ph.D.
Virginia Commonwealth University

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. 1 to 5 (almost never to almost always; disagree to agree)
  2. 1 to 7 (never to always; strongly disagree to strongly agree)

Steps to create a 360° survey

STEP #1: Review your mission statement, core values, and other documents containing expectations.

STEP #2: Identify 35 - 50 specific behaviors associated with the identified expectations.

STEP #3: Convert the behaviors to items and add 3 open-ended questions and circulate draft among leadership team and others.

STEP #4: Modify items based upon feedback.

STEP #5: 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

Changes in Category Score

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>81.1</td>
<td>86.3</td>
</tr>
<tr>
<td>85-90</td>
<td>83.2</td>
<td>87.3</td>
</tr>
<tr>
<td>80-85</td>
<td>80.1</td>
<td>83.5</td>
</tr>
<tr>
<td>75-80</td>
<td>77.2</td>
<td>82.1</td>
</tr>
<tr>
<td>70-75</td>
<td>72.8</td>
<td>77.7</td>
</tr>
<tr>
<td>65-70</td>
<td>73.9</td>
<td>78.2</td>
</tr>
</tbody>
</table>

ACGME Core Competency
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

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

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° 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