

## Supplemental Digital Appendix 1

### Organizations Participating in a Study to Develop and Test an Evidence- and Theory-Based Model of Facilitated, Reflective Performance Feedback

Organization; Specific program (Homepage URL)	Description of assessment program	Description of assessment report
American Board of Internal Medicine (ABIM); Performance Improvement Modules (PIM) ( <a href="http://www.abim.org/pim/">http://www.abim.org/pim/</a> )	<ul style="list-style-type: none"> <li>• Requires internists to use data from a Web-based medical record audit, patient survey (if applicable), and practice system survey to implement a quality improvement (QI) test of change, and then to reflect on the impact of the change.</li> <li>• As part of the Maintenance of Certification (MOC) Program of the ABIM, internists and internal medicine subspecialists engage in self-assessment of performance in practice. Most choose to do this through completing a PIM. Currently, 15 PIMs related to a specific health problem or health need (e.g., diabetes, hypertension, palliative care) or populations (e.g., the vulnerable elderly) are available, as well as 4 PIMs focused on communication.</li> <li>• The modules include a self-conducted chart and office audit, with a patient survey component for some PIMs. They are usually completed by individuals, but a group option is available.</li> </ul>	<p>After data are submitted to ABIM, an aggregate report is provided to guide development and implementation of a QI exercise for one or more aspects of the practice. The QI portion of the PIM consists of the following steps:</p> <ul style="list-style-type: none"> <li>- Review the summary report to identify at least one measure for improvement; develop a QI plan, including changes to the practice system.</li> <li>- Implement the improvement plan and collect data in order to determine if the changes have led to improvement (focused remeasurement).</li> <li>- Report the results of one of the changes made in the practice.</li> <li>- Submit remeasurement data and brief reflection comments to ABIM.</li> </ul>
College of Physicians and	<ul style="list-style-type: none"> <li>• A mandatory office and chart audit conducted by a trained peer reviewer)</li> </ul>	Reports from trained peer assessors are submitted to the

<p>Surgeons of Ontario (CPSO); Peer Assessment Program (PAP) (<a href="http://www.cpso.on.ca/CPSO-Members/Peer-Assessment">http://www.cpso.on.ca/CPSO-Members/Peer-Assessment</a>)</p>	<ul style="list-style-type: none"> <li>• Annually ~1,500 physicians are randomly selected (or age-targeted) for a mandatory on-site assessment consisting of patient record review and interview, conducted by trained peer assessors. In addition to fulfilling its legislated quality assurance mandate, the CPSO PAP is designed to promote continuous QI by providing physicians with feedback to validate appropriate care and show opportunities for practice improvement.</li> <li>• Assessment tools are currently being modified with scoring rubrics which define discipline-specific elements of quality.</li> </ul>	<p>College for review by the Quality Assurance Committee.</p> <ul style="list-style-type: none"> <li>• The reports include information on the appropriateness of record keeping and/or care in different clinical practice areas (e.g., psychosocial care, health maintenance).</li> <li>• Recommendations for practice improvement are also provided by the assessor.</li> <li>• The Quality Assurance Committee uses the information in the reports to determine practice performance and develop QI plans.</li> </ul>
<p>College of Physicians and Surgeons of Nova Scotia (CPSNS); Nova Scotia Physician Achievement Review (NSPAR) (<a href="http://www.nspar.ca/">http://www.nspar.ca/</a>)</p>	<ul style="list-style-type: none"> <li>• Multi-phased program beginning with a multi-sourced survey-based assessment, including a self-assessment questionnaire and questionnaires for medical colleagues, co-workers, and patients. The multi-source feedback (MSF) is followed by a ‘further assessment’ process with over one in five physicians. This further assessment includes facilitated feedback by trained physician advisors through in-depth telephone interviews and a chart audit/chart stimulated recall process with selected physicians.</li> </ul>	<ul style="list-style-type: none"> <li>• The MSF report shows physicians their own personal scores by domain and a comparison to aggregate scores of the physician group. (e.g., family physicians). It also reports self-assessment scores compared to medical colleague scores.</li> <li>• The in-depth telephone interview report provides information on the physician’s reaction to, and acceptance of, the feedback and plans to use the feedback to make practice improvements.</li> <li>• A practice audit/visit report provides a ‘stand-alone’ review of a physician’s office practice.</li> </ul>

## Supplemental Digital Appendix 2

### **Guide For The Facilitated Debrief Interview, Stage 1 (Modeling: Procedure and Guiding Questions for Facilitated Video-Tape Debrief of Feedback Interview with Facilitator and Recipient Pairs, 2011-2012)**

Working definition of “facilitated reflective feedback” used to guide development and testing of model: A model to promote performance improvement

A researcher will review the video-tape with each facilitator-recipient pair using reflective guiding questions. **The goal of the debrief** is to determine specific communication techniques both verbal and non-verbal which were helpful (or not) in facilitating the feedback and supporting development of an action plan, as well as the value of the feedback process overall.

- Guiding questions will address the various components of the interview and specific verbal and non-verbal interactions of both the facilitator and recipient, as appropriate, to determine the impact upon and the reactions of the other.
- Focus will especially be upon feedback communication that either member of the pair identify as being especially positive/ helpful, or alternately, difficult or negative in some way.
- Participants will be invited to stop the tape at any points which are especially meaningful to them, to share their thoughts and feelings at the time of the interview.
- The interviewer will also stop the tape at any point if she/ he has questions about the communication or the process.
- Participants will also be asked to reflect on their interactions and what they might now do/ say differently.

#### **Proposed procedure:**

As it won't be possible to review the entire video in the debrief interview, the following approaches are proposed:

1. Begin the debrief by asking the recipient and then the facilitator for general reactions to the process.
2. Review the first 10 minutes or so of the video to begin, and debrief reactions to specific actions/ phrases using the guiding questions next page.
3. Follow by a discussion of specifics — what specific phrases/ actions were most helpful or not, throughout the interview?
4. Try to sample and discuss each of the 4 phases of the feedback process.
5. Finish the debrief by summarizing the value of the model as a whole, and communication that was especially helpful or not.

***Guiding questions for feedback facilitator about specific feedback interactions:***

1. What were your thoughts when you said/ did 'X'? What were you hoping to achieve by it?
2. What did you think was the reaction of the recipient?
3. Do you think you achieved your goal? What might you do differently another time?

***Guiding questions for recipient about specific feedback communication:***

1. What were your thoughts / reactions when the facilitator said/ did 'X'? What do you think he/she were hoping to achieve by it?
2. Did this seem to be an effective way to convey the message?
3. Might another approach have been more helpful?

***For both***, what non-verbal communication did you observe?

**References (video review and debrief interviewing):**

- Heath C, Hindmarsh J, Luff P. Video in Qualitative Research: Analysing Social Interaction in Everyday Life. Thousand Oaks, CA: Sage; 2010.
- Laidlaw TS, Kaufman D, Sargeant J, MacLeod H, Simpson D. What makes a physician an exemplary communicator in patient-physician encounters? Pat Educ Counsel 2007;68:153-160.

## Supplemental Digital Appendix 3

### Guide for the Facilitated Group Debrief, Stage 3 (Model Feasibility Testing and Guiding Questions for Facilitated Debrief Group Interview with the Facilitator and Recipient Participants in Each Program, 2012-2013)

Debrief reflective questions for feedback facilitators and recipients -	
Location _____ Date _____	
Questions for Facilitator	Questions for Recipient
1. What were your overall impressions of the feedback session?	1. What were your overall impressions of the feedback session?
2. How did the model and each of the 4 phases work for you? E.g., How did you use model? Did you spend time on each phase? Did you adapt it? If so, how? Did you encounter any difficulties? What phrases and approaches did you find especially helpful?  Model phases: Phase 1. Introduction and <i>relationship -building</i> . Phase 2. <i>Exploring reactions</i> to and perceptions of the data/ report Phase 3. Exploring the physician's <i>understanding of the content</i> of the data and report Phase 4. Coaching for performance change	2. How did the flow of the session and the particular approaches used by the facilitator work for you? E.g., Did it flow logically? What questions or phrases used by the facilitator did you find particularly helpful, and why? Were there any you did not find helpful. and why?  Model phases: Phase 1. Introduction and <i>relationship -building</i> . Phase 2. <i>Exploring reactions</i> to and perceptions of the data/ report Phase 3. Exploring the physician's <i>understanding of the content</i> of the data and report Phase 4. Coaching for performance change
3. What aspects of the model were most helpful for you? Least helpful?	3. What aspects of the interview were most helpful for you? Least helpful?
4. Did the model appear to stimulate reflection for the physician? Stimulate informed self-assessment?	4. Was the session helpful in stimulating reflection on your practice? Stimulating your own assessment of how you're doing?
5. What suggestions for improvement would you make?	5. What suggestions for improvement would you make?

Supplemental digital content for Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, Driessen E, MacLeod T, Yen W, Ross K, and Power M. Facilitated Reflective Performance Feedback: Developing an Evidence- and Theory-Based Model that Builds Relationships, Explores Reactions and Content, and Coaches for Change (R2C2). Acad Med.

6. General comments about potential uses of the model?	6. General comments about potential uses of the model?
7. Any other comments?	

## Supplemental Digital Appendix 4

### **Analysis/ Coding Framework Used in Stage 4 (Assessing the Transcripts of the Facilitator Physician Interaction and Facilitator Physician Debriefing Sessions, 2013)**

1. Communication approaches used in each of 4 phases of the feedback model, specific phrases used, and response of recipient -
  - a. Phase 1: Introduction/orientation to feedback
  - b. Phase 2: Exploration of reactions to, perceptions of feedback
  - c. Phase 3: Exploration of interpretation of feedback content
  - d. Phase 4: Coaching for performance change
2. Facilitative strategies (both verbal and non-verbal)
3. Rapport building strategies (both verbal and non-verbal, may overlap with above)
4. Contextual elements influencing/ informing responses and the feedback process
5. What was left out of the model that would have been helpful to include?