

How friendly feedback can improve emergency department environments

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An emergency department in Albuquerque, New Mexico, struggled with the culture of their medical group. To address this, one doctor created an annual review program to maintain a healthy emergency department culture while maximizing quality of care and physician well-being. It is a relatively simple step that has produced dramatic results.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face.

By focusing on factors causing burnout at the system-level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction, including implementing team-based care.

“We started recognizing the need to look closer at our culture,” said Darren Shafer, MD, an emergency physician and executive medical director for Presbyterian Medical Group in Albuquerque. “We realized there was quite a bit that was missing ... we didn't have enough bidirectional communication.”

Prior to his current position, Dr. Shafer was the program medical director for urgent and emergency services, which is where he developed an infrastructure and tried to respond to some of the issues the group was experiencing by creating the innovative program, dubbed the Provider Annual Rhythm. The effort has helped cut ED turnover by half.

As part of the Provider Annual Rhythm, yearly strategic retreats have helped Dr. Shafer capture input from the health care team to contribute to reviews, sparking friendly competition.

Place priority on top frustrations

During the retreat, health professionals vote on the top challenges to focus on as identified by the provider experience survey results and friction in practice survey. From there, Dr. Shafer and his team will share a weekly report to identify the status of each issue which is color coded to indicate progress.

Green tasks are those that are finished, while yellow is in process. If a problem was challenged, rejected or they are trying to identify how to approach the situation, it would be considered red. This shifts the focus to fixing problems that cause frustrations and lead to physician burnout—it closes the feedback loop.

Feedback from team, not just leadership

Modified 360-degree evaluations, which are one part of the annual review, allowed individual team members to see how everyone perceived them.

The online survey included a handful of questions focused on various aspects of the workday, such as arriving on time, appropriate handoffs, if they would want this person to care for their family member, etc. These evaluations allow physicians to see where their “blind spots” are and where they can improve.

“It only takes about half an hour and people were really receptive and eager for feedback,” said Dr. Shafer.

Share metrics with team

There had not been “any sort of formalized feedback structure” for physicians and their teams previously. The annual rhythm contains a focus on an annual review for feedback to each clinician. This includes looking at individual metrics and how each team member is performing, such as the time it takes for a patient to get a room or if a patient returns within 72 hours, resulting in hospital admission.

These metrics were initially shared in the ED without physician or team member identifiers. After a planning meeting, though, the team decided to complete six months of blinded information followed by open, unblinded metrics sharing within the group.

Identify placement

With metrics in place and unblinded data sharing, physicians and other members of the team can see who is to the right of them on the curve and who might be to the left. For those on the right of the curve, this allows physicians and their teams to identify who to pay “attention to in these different areas while they’re on shift” as someone to watch for tips.

And those who were to the left of the curve could then be helped by recognizing differences in work and offering potential solutions. The team looked to help with the aim of making “their life a little bit easier at work to gain work-life balance and decrease stress while on shift,” said Dr. Shafer. This helps to create collaboration, while making it a better place to work.

“Work-life balance is extremely important, and the stresses of work are hard enough. So, it’s great to have a teammate who’s looking out for you.”

The AMA’s STEPS Forward™ open-access modules offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency. One CME module specifically addresses how to create a strong team culture.

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