

Doing well, getting better

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VALORIZATION

In this addendum we summarize and reflect on how the knowledge created by the research presented in this doctoral thesis can be made suitable for use outside the academic field. We reflect on the social relevance of the research and we indicate how the results of this thesis are relevant for a number of target groups. Furthermore, we discuss activities that are undertaken and products that are developed to bring the results of the research to the attention of a wider audience. Lastly, we focus on the innovation emanating from the research and we discuss a schedule for the implementation of research findings.

Social relevance

Quality improvement has always been one of the core responsibilities of physicians and one of the primary tasks of their professional associations. In the process of forming and formalizing the medical profession, as we know it today, many developments were explicitly initiated to assure and improve the quality and safety of patient care. In the Netherlands, the accreditation program of the medical professional associations (in Dutch: *visitatie*) can be considered the core of professional quality improvement practice: it brings together all the efforts and results of professional development, the implementation of (evidence based) guidelines, the structure, culture and functioning of the specialist group, and the use of complication registration with an interest in patient safety. In addition to the group focused accreditations, in 2008 the evaluation of the individual performance of physicians was introduced in Dutch hospitals. The need for individual performance evaluation fits the time frame of the past two decades: the authority of physicians is no longer taken for granted, public pressure on the medical profession grows stronger and the demands for transparency are increasing. The social trend is that individual physicians must be held accountable for (the results of) their professional actions.

The evaluative system to (further) improve the quality of physicians' individual performance is referred to as the IFMS system (Individual Functioning Medical Specialist).¹ It includes the collection of multisource feedback, discussion of the feedback with a trained coach or facilitator and the development and adjustment of a personal development plan. Now that participation in IFMS has recently been included as a requirement for professional re-registration, and this obligation applies from 2020 onwards,² it is important to carefully monitor the implementation of and physicians' experiences with IFMS. Attention needs to be paid to designing and implementing the system in such a way that physicians are enabled to comply with accountability requirements, while also providing a psychologically safe environment and fostering their intrinsic motivation. The research presented in this

doctoral thesis provides insight into how physicians experience their relationship to reflective activity in professional practice (chapter 2) and how they feel about discussing multisource feedback on their performance with a coach, be it in a one-on-one setting (chapter 3) or in a collegial group setting (chapter 4). In addition to providing insight into physicians' experiences with feedback and coaching, the research in this thesis generates knowledge about effective strategies for the development and implementation of the IFMS system in healthcare institutions, in particular academic medical centers (chapter 3). To contribute to the optimization of the group-based accreditation practices, a new multisource feedback questionnaire for the evaluation of the group performance of specialty-specific physician groups was developed and tested (chapter 5).

Target groups

The results of this thesis are particularly relevant to individual physicians and physician groups/medical departments, and organizational leadership and regulatory bodies. Since participation in IFMS is relatively new for physicians in academic medical centers, it is important for physicians to be informed about the different conversation formats (one-on-one format or group-based format) and about the experiences of physicians with these two formats. The results in chapter 3 and 4 showed that participation in the IFMS procedure promotes awareness of strengths and weaknesses. The peer group may play an important role in providing social support and appreciation, creating urgency for improvement and promoting mutual alignment. IFMS can be an important means to make quality measurable and discussable, to gain insight into mutual differences, identifying roles and culture and address possible impaired functioning at an early stage. The advice is therefore to make use of IFMS on a regular basis. Participation in IFMS and other quality systems, such as accreditation, need to be carefully aligned so that results can reinforce each other. The coordination of the various quality systems promotes continuous attention to both the individual and group performance of physicians.

In addition to the responsibility of the individual physician and physician groups/medical departments, the hospital's Board of Directors and the staff board also have a joint responsibility to continuously improve and safeguard the quality and safety in the healthcare institution. The results in chapter 3 show that healthcare institutions need to allocate resources to implement systems that support easy access to performance assessment and feedback data. In times of bureaucratic overload of physicians, performance assessment systems should not add too much administrative burden to physicians and the healthcare organization in general. Resources should also be allocated to train and supervise coaches; careful coordination with quality experts, program developers and researchers is necessary. Organizational leadership and regulatory bodies need to ensure that performance

appraisal and coaching systems accommodate physicians' need for follow-up sessions. In order to make a long-term statement about the actual contributions of coaching to physicians' professional development, it is imperative that physicians' experiences with performance appraisal and coaching conversations are carefully monitored and that coaching methodologies remain the subject of research.

Activities and products

The results of this thesis have been published in academic journals and have been disseminated to the scientific community by presentations at various national and international conferences. Chapter 2 has been published in *BMC Medical Education* and chapter 4 has been published in the *Journal of Continuing Education in the Health Professions*, potentially reaching a high number of researchers, educational scientists, physicians and quality managers. Sharing the knowledge resulting from this thesis with a broad audience has been done by presenting the work at conferences on medical education in the Netherlands, Switzerland, Spain, Norway, Malaysia and the United Arab Emirates (see Dissemination section).

Of particular note, the (preliminary) results of the studies reported in chapter 3 and 4 have been presented at a symposium hosted by the research group Professional Performance & Compassionate Care (PP&CC) of the Amsterdam University Medical Centers. During this symposium, which took place on 30 November 2018, the development and implementation of the IFMS system in the Amsterdam University Medical Centers was brought to the attention of physicians and policy advisors on quality improvement. Special attention was paid to the development of the DANA (Developmental Appreciative Navigation Approach). The purpose of the DANA is to optimize the use of physicians' unique qualities to initiate a growth process that optimally supports its developmental goal. It can also be used to transform teams and medical departments. The DANA approach has been developed within the medical specialist setting by Annemiek Nootboom, a psychologist with 20 years of experience in coaching physicians. The approach is based on training techniques from Appreciative Inquiry practices and solution-focused coaching, both belonging to the field of Positive Psychology. DANA is a structured and validated coaching method on the basis of which formative performance appraisal conversations can be conducted. Performance appraisal conversations are conducted by facilitators who have been trained as a Professional Development Coach using the DANA method. Prior to the conversation, physicians are required to collect multisource feedback on their individual professional performance and discuss this with the trained Professional Development Coach. The coach is a fellow physician from a division other than the physician's own. For the collection of multisource feedback, the validated INCEPT (INviting Coworkers to Evaluate Physicians Tool) questionnaire is used.³ This questionnaire has been developed by the aforementioned research

group and is available through the online platform www.professionalperformance-amsterdam.com. Using this platform, physicians can invite colleagues to fill out the INCEPT questionnaire to provide feedback on their professional performance. Responses are summarized in a feedback report, in which the scores and narratives are presented in such a way that it reveals areas for improvement. The purpose of the performance appraisal conversation is to help physicians to get the best out of themselves, for example by making conscious and unconscious competences visible. In addition, development goals are formulated in a solution-oriented manner and linked to the intrinsic motivation of the physician so that transfer to daily practice can be realized. The result of the conversation is a Navigation document that is then used by the head of department to draw up a Personal Development Plan during the annual appraisal. Department heads are also trained in the DANA methodology so that they can monitor development goals in a positive and empowering manner. In addition, the head of department can use the detailed information to optimally match the physician's range of duties with his/her skills and motivation.

Apart from designing and implementing an IFMS system which focuses on the evaluation of physicians' *individual* professional performance, this thesis has also produced an instrument for the evaluation of physicians' *group* performance. Chapter 5 reports on the development of the Group Monitor instrument, a multisource feedback tool for the evaluation of the performance of specialty-specific physician groups. This instrument is available through the platform www.professionalperformance-amsterdam.com. Although the Group Monitor was not explicitly developed for use in accreditation programs of the medical professional associations, its use may well fit this context.

Innovation

In the past two decades, there has been a remarkable rise in research on reflection in medical education. Many of these studies are theoretically oriented and are often prescriptive in the sense that they conceptualize what reflection should look like. However, several authors have identified flaws in the way reflection has been operationalized: medical education has translated the age-old concept into a teachable and measurable construct, putting reflection at risk of becoming a tick-box exercise.⁴ In this thesis, care has been taken to avoid reductionist approaches to reflection that break down reflection and its complexity into discrete components of activity, or steps of a process. This thesis has an innovative character in the sense that it starts from an open exploration of the perspective of physicians themselves and focuses on the *practice* of reflection.

The practical aspect of reflection is closely related to learning from feedback and developing a coaching approach to feedback conversations. As described in the

previous section, a coaching approach (DANA) was developed that was tailored to the needs of practicing physicians. Furthermore, innovative approaches were used to study strategies to facilitate physicians' reflection on their professional performance. Of particular note is the design-based research (DBR) approach in chapter 3, which was used for the design and implementation of the IFMS system in the Amsterdam University Medical Centers. By using this approach, the aim was to define and build a system around characteristics that are crucial for the facilitation of professional development in the context of mandatory re-registration. The DBR approach allowed us to propose, test and amend solutions for the challenging goal of satisfactorily serving the different purposes of accountability and professional development. The resulting system reflects the various compromises that were reached by extensive deliberations. Other (academic) medical centers have copied this protocol or used it as a basis to build their own. The DBR approach has the potential to improve the quality of similar studies in the future.

Lastly, this thesis has made a contribution to the field of questionnaire development by developing and testing a new multisource feedback tool, the Group Monitor (chapter 5). The Group Monitor is a 35-item uniform questionnaire developed for four different rater classes (physicians/self-assessment, supporting staff, peers and managers) to rate the performance of specialty-specific physician groups. The Group Monitor taps into behavioral aspects of group performance, such as communication, collaboration, use of all contributors' expertise and sharing workload. The items are based on a review of an existing instrument of group performance, the Quick Scan.⁵ This existing instrument, however, only considered self-assessment measures, whereas the Group Monitor also takes into account the perspectives of collaborative partners in the healthcare organization. To the best of our knowledge, this instrument is the first multisource feedback instrument for the evaluation of physicians' *group* performance.

Schedule and implementation

Results of the conducted studies will be incorporated into future workshops on quality improvement of medical specialist care given by the PP&CC research group. To help disseminate the research findings, printed copies of the thesis will be sent to members of key stakeholders in Dutch hospital care, including the Dutch regulatory bodies, such as the Federation of Medical Specialists (Federatie van Medisch Specialisten) and the Royal Dutch Medical Association (Koninklijke Nederlandse Maatschappij tot bevordering der Geneeskunst), quality improvement departments, hospital-wide education committees, department heads, program directors and clinical supervisors, as well as international researchers in the same field.

Despite the fact that by 2020 every hospital is obliged to have a well-functioning IFMS system in place, refinement and adaptation of the procedure and operational processes will of course continue. In the Amsterdam University Medical Centers, the operational responsibility of the IFMS system has been transferred to the HR department. The PP&CC research group will remain involved in substantive matters. Currently, this research group is looking for opportunities to collaborate with research groups in other hospitals. By joining forces, variation among coaching practices across hospitals can be addressed and topics that deserve more attention can be explored. These topics may include work engagement, vitality and occupational well-being, career development and sustainable employability and inter-professional teamwork and collaboration.

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