



**SAAA 2014 Annual Meeting
Using Feedback for Change:
How to Move from Opinion to Action in your Department
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“If we could first know where we are, and whither we are tending, we could better judge what to do and how to do it.” Abraham Lincoln

These words provided the backdrop for measurable change at the University of North Carolina at Chapel Hill. Upon first assuming the responsibilities of Chair at UNC, our leadership team created a 17 question assessment of the culture, perceptions, difficulties and opportunities in the department. The results were staggering. There was a clear mistrust among our CRNAs, residents and Attendings. People were disengaged on many levels and this impacted performance. We knew “whither we are tending,” and now plotted a course on what to do about it and how to do it.

Using The Joint Commissions requirement for Focused and Ongoing Professional Practice Evaluation (FPPE and OPPE), we developed a peer-to-peer evaluation system that gave a voice to our CRNAs, residents and Attendings in a way previously unknown to these groups. The peer-to-peer tool focused on assessing the six core competencies as demonstrated by our clinicians in practice. The system allows CRNAs to evaluate each other as well as Attendings, and Attendings to evaluate each other as well as CRNAs. Resident evaluations of Attendings are separated from this and are included in the education's feedback system, although we did develop a peer-to-peer evaluation for residents to evaluate each other. We do this anonymously and routinely asking that each anesthesiologist, CRNA or resident complete two to three peer-to-peer evaluations per month.

In a recent review of three years of data from the system, we acquired over 6253 evaluations. The vast majority are outstanding and raises no red flags. As you might imagine, 80% of the complaints focus on 5% of our employees. We all know who are trouble makers are, but we so rarely have solid, concrete examples of their misbehavior. Mostly this occurs because people are reluctant to “file a report” or “write someone up.” Using our peer-to-peer system, we bypass this stigma and we can acquire real information on outliers. Using this feedback system, individuals can see how others perceive their actions. This is a powerful tool for a Chair when counselling departmental members.

All evaluations are reviewed by a committee of four people, two MDs and 2 CRNAs. If red flags pop up the committee alerts the individual. If no resolution is observed after a 3 or 6 month interval, I get involved. To date, this information has been critical in at least five to six cases in determining ongoing fit for continued employment.

Through the use of this tool, as well as other interventions, the repeated departmental assessment demonstrated measurable changes in culture, perceptions, difficulties and opportunities in the department. I maintain that we used these data to help move us from opinion to action.