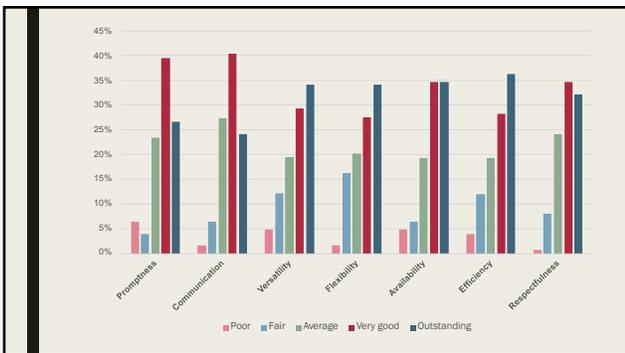


MY MISTAKE

Managing Change Poorly

Scott Segal, MD, MHCM

- ### What I did
- Launched a faculty evaluation system to complement resident evaluations
 - Included evaluation by clinical leadership
 - One of 19 metrics for proposed faculty incentive compensation plan
 - Vetted survey for face validity with clinical leadership
 - ~One year later finally conducted surveys
 - Statistical analysis showed excellent performance!



Multivariate

Correlations

	Availability	Timeliness	Pleasant
Availability	1.0000	0.9024	0.7558
Timeliness	0.9024	1.0000	0.7155
Pleasant	0.7558	0.7155	1.0000

There are 9 missing values. The correlations are estimated by REML method.

Principal Components / Factor Analysis

Principal Components: on Correlations

Number	Eigenvalue	Percent	Cum Percent	ChiSquare	DF	Prob>ChiSq
1	2.5853	86.175	86.175	967.323	1.418	<.0001*
2	0.3198	10.659	96.834	131.985	1.767	<.0001*
3	0.0950	3.166	100.000	0.000		

Cronbach's α

	α
Entire set	0.9191

Excluded

Col	α
Availability	0.8292
Timeliness	0.8544
Pleasant	0.9486

- ### What I did
- Presented at faculty meeting
 - Explained *would not* be used for compensation
 - *Would* be discussed in annual reviews
 - Up to faculty member to decide if actionable or not



What happened

- Faculty with below average scores vigorously objected

“Illusory superiority” (Dunning-Kruger effect)



Welcome to Lake Wobegon, where all the women are strong, all the men are good-looking, and all the children are above average.

(Garrison Keillor)

ixquotes.com

HUNGER GAMES

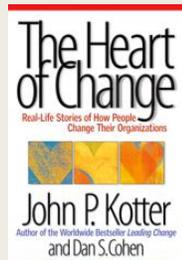
ACIC Clinical Evaluation

Rating item	Your score	Faculty average	IQB (25 th , 75 th %ile)
Promptness (on time in AM, answers PAGES promptly)	1.25	3.77	3.54, 4.33
Communication (with ACIC, OR team)	2	3.81	3.27, 4.33
Versatility (assignments, # rooms, solo, patient/case types)	2.5	3.79	3.4, 4.63
Flexibility (assignment changes, case changes)	2.5	3.77	3.4, 4.5
Availability (to help others, when room down, preops)	2.75	3.88	3.27, 4.63
Efficient (proactive in getting cases in, door breaks)	2.5	3.80	3.25, 4.66
Respectful (towards colleagues, ACIC, residents/fellow, CNA, student)	3.75	3.88	3.5, 4.45
Overall rating	2.3333333333333335	3.81	3.28, 4.42

What happened

- Faculty with below average scores vigorously objected
- Rumors that pay cuts would come
- “Only the elite (favorites, etc.) will benefit”

Mistake #1: Failed to achieve true buy-in from faculty



Mistake #2: Clinical leaders were not trusted to be evaluators



“Who are you to judge the life I live? I am not perfect and I don’t have to be! Before you start pointing fingers, make sure your hands are clean.”
Bob Marley

Mistake #3: failed to appreciate fear of economic consequences



When somebody says it's not about the money, it's about the money.

H. L. Mencken

Lessons learned: subsequent attempts

- Evaluated clinical leadership (by faculty) *first*, before next round of faculty evaluations
- Formed faculty committee to construct next evaluation template
 - Involved *strongest detractors from first round*
 - Gave up *statistical rigor* in exchange for *faculty engagement*
 - Broadened range of evals: included *CRNAs, Peers*
- Explicitly abandoned faculty incentive program during deployment