Career Development & Planning

Having Productive Conversations

Presented by:
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Developed for
The Faculty, Staff, & Community Development Office
The Schulich School of Medicine & Dentistry
*The University of Western Ontario*

& Citywide Medical Affairs

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Objectives

After reviewing this PowerPoint presentation and the video examples, with additional reflection & practice, you will be able to:

- State objectives and benefits of regular career discussions;
- Describe how to use the CDP process;
- Identify specific, tangible criteria for clinical, teaching, research and administrative performance;
- Prepare for and conduct a CDP discussion;
- Handle challenging CDP discussions.
Outline

- What is CDP anyway?
- What are the criteria for performance review?
- Framework for CDP conversations
- Coaching and feedback principles
- Video demonstrations of CDP discussions
  - Example 1 – successful faculty member
  - Example 2 – overextended faculty member

Thanks to Tim Frewen & Susan Bannister for role playing these two examples.
What is CDP (Career Development & Planning)?

- CDP replaces the BARD (Bidirectional Annual Review & Development)
- It is a forum for regular career discussions re:
  - Clinical responsibilities
  - Teaching
  - Research
  - Administration
- The goal is to enhance collaboration between leaders and faculty members so that:
  - Each faculty member will have a successful career
  - Departmental goals will be achieved
Objectives of CDP

- Bi-directional, balanced discussion of:
  - Strengths
  - Learning needs

- Focus on career goals for the next period:
  - Personal aspirations
  - Link to institutional needs
  - Plans for personal development
  - Challenges & barriers to success
  - Resources needed – what does the faculty member need in order to achieve their goals?
The CDP Conversation

- Celebrate successes
- Help faculty focus → get on track, stay on track → get promoted
- Catch people who are overextended
- Identify resources re goals
- Identify potential collaborators → Networking
The CDP process builds on research on effective leadership:

- One of the key behaviours of effective leaders is "encouraging the heart"—celebrating accomplishments & reinforcing small wins

  - Kouzes & Posner: *Leadership Challenges*

- "This business of making another feel good in the unspectacular course of his daily comings and goings is, in my view, the very essence of leadership."

Beware

- CDP is only one step in an ongoing process of feedback between leaders and faculty
- Don’t save up concerns & problems for the CDP discussion – they need to be dealt with promptly
- DON’T use CDP for disciplinary action
- There should be no surprises in the CDP meeting
The Product of a CDP Discussion

Common understanding of:

- The quality of the faculty member’s contributions (clinical, teaching, research, administration);
- Goals for the coming period;
- Mutual commitments – who will do what in order for the faculty member to be successful.
"The secret principle of human nature is the craving to be appreciated."

William James
How Do I Get Started?

- To make the CDP process easier, a set of simple forms has been developed.
- Note that Chairs/Chiefs & Leaders have three forms to complete for their own CDP & other faculty members have two forms.
- One of these forms (supporting data) is optional.
3 CDP Forms

- Self Assessment:
  - for Chairs/Chiefs
  - for Medical Leaders
  - for Clinical Faculty

- Colleague Feedback
  (mandatory for Chiefs)

- Supporting Data
  (optional)

- For copies of the forms, see
  London Hospitals Medical Affairs
What are All Those Forms?

- Chairs & Chiefs
  - Optional

- Medical Leaders
  - Optional

- Clinical Faculty
  - Self Assessment
  - Supporting Data
  - Colleague Feedback
Who & When?

- Assistant professor – annually with Chair/Chief of Department
- Other professional staff/clinical faculty:
  - 1-3 years – annually
  - 4-7 years – every 2 years
  - >7 years – every 3 years
- Chairs & Chiefs – annually with colleague feedback in years 1, 2 & then every 2 years
- Others:
  - see http://www.sjhc.london.on.ca/medicalaffairs/
How are the Forms Organized?

- There are 6 categories (clinical, teaching, research, etc.)
- For each category the faculty member should fill in some examples of effective performance
- Knowing what markers to consider for each category will assist the Chair in providing helpful guidance
The Six Categories

1. Clinical
2. Teaching
3. Research
4. Administration
5. General Contributions
6. Role Model
Clinical Criteria

- High professional standards
- Communication (patients, families, team members)
- CQI
- Appropriate use of resources
- Meets utilization targets
- Innovation
- Updates knowledge & skills
Markers of Clinical Performance – some examples

- Patient satisfaction surveys
- Occupancy rates
- Resource intensity weights (RIW)
- Average length of stay
- “May not require hospitalization” rates
- Medication errors
- Incident report trends
- Patient complaints
Teaching/Education Criteria

- Effective teaching skills for learners at all levels
- Education to community &/or families
- Mentoring
- Improvement & innovation re curriculum design, evaluation, teaching strategies
Markers of Teaching/Education Performance – some examples

- Student evaluations
- Comprehensive contributions – U/G, P/G, Fellows, Graduate Students
- Allied health teaching
- Teaching awards
- Peer consultation
- Faculty development
- Use of your material by other programs
- Visiting professorships
Research/Scholarship Criteria

- Meaningful research & scholarly activity
- Contributes to advancement of the field
- Mentor or leader to other researchers
- Provides opportunities for others to share research
- Actively supports research & learning
Markers of Research/Scholarship Performance – some examples

- Peer-reviewed publications
- Invited presentations
- Participation in clinical research networks
- Peer reviewed grant funding
- Successful proposals to review boards
- Citations
Administration Criteria

- Participation in administration activities
- Clinical, hospital-based care committees
- Faculty-based educational committees
- Relevant external associations & committees
- Initiates or participates in projects to improve clinical or educational programs
- Sees projects through to completion
Markers of Administration Performance – some examples

- List of committees
- Attendance at meetings
- Feedback from committee members and chair about:
  - Preparedness
  - Contributions
  - Teamwork
  - Willingness to help
  - Follows through
Framework for the CDP Discussion
The CDP Conversation

- The following slides provide some ideas and suggestions to make this important conversation more effective
Reflection

- Think about which metaphors best describe your approach to leadership & how you may be perceived by your faculty
  - E.g. do your faculty members view you as a judge or a servant, a boss or a mentor?
- The trend over the past decades is toward more collaborative approaches which are less hierarchical than the traditional role of leader
Metaphors of Leadership

- Boss
- General
- Administrator
- Judge
- Parent
- Resource Manager
- Hero/Celebrity
- Mentor
- Visionary
- Role Model
- Servant
- Designer
- Coach
- Teacher

From | To
Preparing for the CDP Conversation

Preparation by the faculty member:
- The faculty member should be informed about the purpose of the discussion
- Complete the forms in advance of the meeting
- Reflect on their achievements & goals

Preparation by the Chair:
- Schedule uninterrupted time – minimum 40 min.
- Reflect on the contributions of the faculty member
  - Are they on a successful track?
  - Are they contributing appropriately to the Department goals
- Determine the main “take home” message
- Anticipate reactions by the faculty member & prepare a constructive response
Conducting the CDP Discussion

- Set the stage
- Discuss self-assessment – invite comments from the faculty member
- Offer comments & ideas
- Discuss goals:
  - For the next period
  - Long term goals
- Summarize:
  - Check for agreement *
  - Prepare a written summary *
Challenging Conversations

Examples:

- Goals not aligned with department
- Individual blames others for lack of achievement
- Overextended → burning out
- No improvement after discussing concerns
- Goals too lofty & vague
“Poor old Jones, published and published and still perished!”
Framework for Discussing Concerns

- **Be prepared** to answer these questions:
  - What specifically is the problem?
  - When & where did it happen?
  - How did you learn about it?
  - Why are you concerned?
  - What are the consequences for others (staff, faculty, team, patients, families)?
Ask questions & Listen

- “Tell me your understanding of the issue.”
- “Do you think this is something you need to do something about?”
- “How can I help?”
Agree on a Solution

- Ask questions & offer your perspective until a suitable solution is found
- Ask the individual what actions he or she will take
- Identify what support is needed
This book offers a valuable framework and practical tips for reaching agreement.

It describes three approaches to negotiation:

- Hard bargaining
- Soft bargaining
- Principled negotiation
Getting to Yes

GOALS of Effective Negotiation:
- A wise agreement (if possible)
- Efficient
- Improve (or not damage) the relationship
Hard Bargaining

- Battling over positions - the goal is victory
- Participants are adversaries
- Too much ego involvement
- May compromise or reach stalemate
- Time consuming
- "Games"
- Legalistic
Soft Bargaining:

- The goal is agreement
- Participants are friends
- Concessions for sake of friendship
- Risk of "sloppy" agreement
- Vulnerable to hardball player
"I can take any amount of criticism, as long as it is unqualified praise."

Noel Coward
Principled Negotiation:

- Negotiate on the merits – the goal is a wise outcome reached efficiently and amicably
- Participants are problem solvers
- Separate the people from the problem - work side-by-side attacking the problem, not each other
- Focus on interests, not positions
- Invent options for mutual gain
- Relate to observable outcomes

Providing Feedback

- Be sure the setting is appropriate
  - Private, not interrupted
  - Enough time
- Invite self-assessment first.
- Link feedback with faculty member’s goals.
- Compare self-evaluation with your observations.
Feedback is a Gift

JoHari Window

Jo Luft & Harry Ingham
The JoHari Window

- This is a pictorial way to show the relationship between what I know about me and what you know about me.
- The purpose of feedback is to help me with my blind spots – to enhance my self-awareness. Thus it is a gift.
Tips on Giving Feedback

- Be specific (and gentle). “You had planned to publish two papers & submit a research proposal for funding. But you have not been able to follow through with this. Can you tell me what happened?”

  Vs.

  “I am disappointed that you failed to comply with your goals for the year.”

- Think about how you would feel if you received feedback as in these two examples and then go to the next slide.
Reflection on Feedback Example

- Remember that the CDP process is meant to help the faculty member achieve their career goals. The role of the Chair is to facilitate & challenge, not to criticize.

- The first example opens up the topic of not meeting expectations. Mutually exploring the barriers to success may lead to more effective strategies for the coming year.

- Expressing disappointment may engender shame or anger rather than shared problem solving.
Feedback, cont’d.

- Be specific even with positive FB. (Although the first example below may feel good to the recipient, it offers no information to help them understand what they have done well.)

  “You have had a great year – congratulations!”

  Vs.

  “You published two papers from your Masters thesis in highly respected journals. This is a wonderful accomplishment especially with your busy clinical practice! 😊”
Provide a realistic challenge:

- I am pleased that you have revamped the way our department teaches clinical skills; that appears to be a big improvement. Do you have any ideas about how to document the impact of this change? Maybe you could talk with ___ (department research person) and perhaps present it to GAMES for a consultation.
Organizing Feedback

- The following 4-quadrant form provides a simple and effective approach to structuring your feedback.
## Feedback Grid

<table>
<thead>
<tr>
<th>Continue…</th>
<th>Begin or do more…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment on aspects of performance that were effective. Be specific and describe impact.</td>
<td>Identify behaviour the learner knows how to do, and could do, or do more often.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider (a stretch)…</th>
<th>Stop or do less…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlight a point of growth for the learner, a “doable” challenge for future interactions.</td>
<td>Describe actions that were not helpful, or could be harmful. Be specific, and indicate potential impact.</td>
</tr>
</tbody>
</table>

Developed by the Institute for Health Care Communication
# Effective Feedback

<table>
<thead>
<tr>
<th>N</th>
<th>Not open to interpretation. Describe the behaviour using words that are least subject to interpretation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Observable. Describe behaviour you can see or hear – not values, attitudes, beliefs or personality traits.</td>
</tr>
<tr>
<td>R</td>
<td>Reliable. Behaviour that 2 or more people would likely describe the same way.</td>
</tr>
<tr>
<td>M</td>
<td>Measurable. Whenever possible, speak of the behaviour in terms of quantity, frequency, accuracy, cost, time – something tangible and measurable.</td>
</tr>
<tr>
<td>S</td>
<td>Specific. Include details of who, what, when, where and how.</td>
</tr>
</tbody>
</table>
Coaching

“Consider this feedback from a pitching coach to a major league baseball pitcher who recently began to perform poorly: ‘Of the 28 pitches he threw,’ said Red Sox pitching coach Joe Kerrigan, ‘Heathcliff hit his location only eight times. When I see 8-28, there must be something in his delivery that is keeping him from getting the ball where he wants it. On the videotape, it shows he is opening up his stride by about 4-6 inches. His body direction is actually geared to go into the left-handed batter’s box. That’s actually taking him away from the plate.’ No praise, no blame, no vague interpretations – just feedback.”
First CDP Discussion with faculty member in paediatrics.

It’s been a good year.

Jot down notes:
- What you liked
- What you might do differently
Notice

- Friendly tone
- Lots of praise
- Challenge to find ways to measure clinical evidence
- Suggestions on sources of information for measuring clinical contributions
- Challenge to stretch re contributions to teaching e.g. teach in PCL; including discussion of barriers
- Discussion of goals & request for a formal mentor
- Wrap-up and discussion of written summary
Video Demonstration 2

- Faculty member in pediatrics for one year.
- Overextended clinically.
- This is the first CDP

Jot down:
- What you liked
- What you might do differently
Notice

- Frank discussion of difficult situation
- Lots of praise
- Chair expresses concern about faculty member being overextended clinically
- Faculty member expresses concern about academic career & promotion
- Consideration of possible solutions
- Follow-up discussions planned to work out the solutions
For More Information

- Click on any of these links for more information:
  - [Covey SR: The 7 habits of Highly Effective People](#)
  - [The Chair as Leader](#)
  - [The Art and Science of Leadership](#)
  - [Career Development and Planning at the Schulich School](#)
Credits

- **Actors:**
  - Tim Frewen MD
  - Susan Bannister MD
- **Production:** Wayne Weston, MD
- **Co-ordination:** Catherine Blake, Manager Educational Research and Development
- **Recording:** Rodd Rossoni, Media Specialist, Educational Technology
- **Music:** “Wistful” from the Music Bakery
Feedback to Us

- We welcome your comments about this presentation – what you liked and suggestions for improvement
- We also welcome your questions
- Please contact Wayne Weston at wweston@uwo.ca