

Stage 1. Build relationship

Goal: To engage the group, build relationship and trust, establish credibility of the data.

Explain the purpose of the report and the meeting, i.e., to provide information about how the group is doing, an opportunity to describe their group/setting and particularly the aspects that make them unique, and data that can provide opportunities for improvement.

Outline the agenda: to review performance data and gaps; discuss reactions to the data, and develop an action plan from the data

Phrases and Strategies:

Tell me about your experience in preparing for this meeting?

I'd like to hear about your group (setting, patients, challenges, things that make the group unique).

Would you like to hear more about the assessment process?

What struck you about the report?

Confirm what you are hearing; empathize; show respect; build trust; validate.

Relationship-building is central and needs attention throughout the discussion.

Stage 2. Explore reactions, reflections and perceptions about the data

Goal: To ensure the group feels understood and that their views are heard and respected.

Phrases and strategies:

What were your initial reactions? Were there areas that particularly struck you?

How do these data compare with how your group thought you were doing? Any surprises?

Based on your reactions, is there a particular part of the report that you would like to focus on?

Negative reactions/surprises tend to be more frequently elicited by:

Lack of concrete examples in the report

Tendency to explain away data as having acceptable 'individual physician outliers'

Comparative data, when scores are lower than those of others

Data identify areas where the group isn't doing as well as they thought.

Be prepared for expression of negative reactions in these cases. Support expression of negative reactions using general facilitative approaches and explore reasons for these reactions.

Stage 3: Confirm content

Goal: To ensure group is clear about what the data mean for the group and the opportunities suggested for change.

Phrases and strategies:

Were there things in the report that didn't make sense to you?

Anything you are not clear about?

Let's go through the report section by section

Is there anything in section [X] that you'd like to explore further or comment on?

Anything that struck you as something to focus on?

Do you recognize a pattern?

When I reviewed the report, I noticed [X], what are your thoughts about that data?

Knowledge of the specialty/group/clinic and areas where opportunities frequently arise for improvement can be helpful.

Stage 4: Coach for performance change and co-create an action plan

Goal: For group to engage in identifying priorities for change and an achievable action plan.

Phrases and strategies:

Group needs to understand, reflect upon and assimilate the content of the report before being able to plan for change.

Consider coaching as the skill of co-creating an action plan with the group.

And in the next 3 and 6 months – what goals/opportunities would the group like to address?

What action steps might you take to reach these goals?

Who will lead the change? Who will help?

What is your timeline?

What resources do you need?

What will help you succeed?

What might get in the way?

What are your strategies to overcome barriers?

How will you measure success and know the group has been successful?

Group/Clinic Action Plan

What are the areas you would like to/need to improve?

Starting with each change...

Who will lead the change?

Who will help with the change?

What action steps will you take to achieve the change?

What is your timeline?

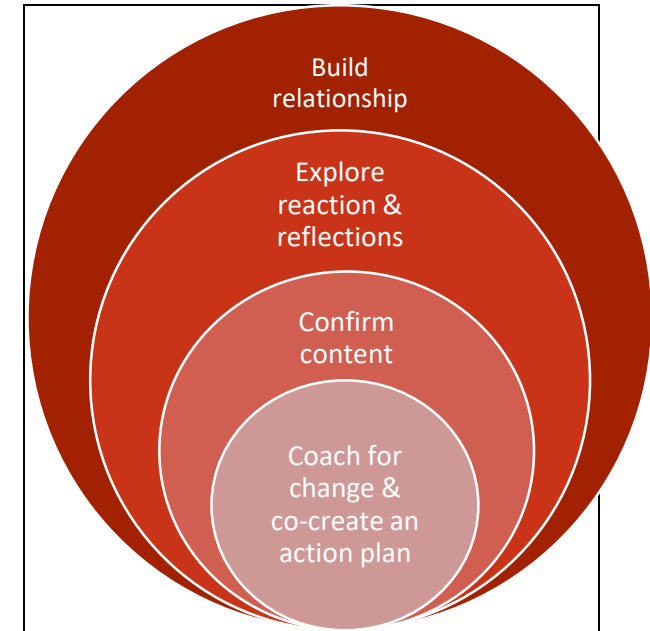
What resources do you need (consider people, systems, other organizations, electronic and physical materials).

What factors will help you succeed?

What barriers may compromise your ability to succeed?

What are your strategies to overcome barriers?

How will you measure success? What will tell your group you have been successful?



R2C2

Evidence-Informed Facilitated Feedback and Coaching Group/Clinic Version

Adapted from: Sargeant et al., Academic Medicine, 2015, 2018; Armson et al., Medical Education, 2019.

To be used in discussions with groups of physicians regarding individual, group and/or comparator data. Further information about the R2C2 model, copies of this tri-fold and learning change plan forms may be found at <https://medicine.dal.ca/departments/core-units/cpd/faculty-development/R2C2.html>