How physicians change: Multisource feedback driven intervention improves physician leadership and teamwork

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Multisource feedback provides a method of quantitatively assessing and improving physician professionalism, interpersonal communication, teamwork, and leadership behaviors. We sought to determine whether tiered educational interventions can improve measurements of multisource feedback for physicians across specialties, and whether multisource feedback baseline measurements and improvements after intervention vary by specialty designation.

Methods:

Multisource feedback assessments were performed on physicians from academic (34%) and community hospitals (66%) in the United States and Canada. PULSE 360 Survey data was obtained on 1,190 physicians from primary care (25%), surgical (46%), and other (29%) specialties. Physician respondents were 75% male and 24% female. Raters included administrators, colleagues, staff, and self ratings with an average of 35.7 ratings per physician.

A leadership teamwork index was measured before and after delivery of educational intervention. Three tiers of intervention were used depending on baseline leadership teamwork index score:

1. report only,
2. debriefing only, and
3. debriefing and development.

Results:

Modern health care delivery increasingly depends on interdisciplinary care coordination and working in teams. Organizational and cultural transformation in health care therefore requires successfully improving skills and behaviors related to leadership and provider communications. Measuring perceptions regarding physician behavior using the web-based PULSE 360 Program turns a formerly qualitative assessment into a trackable measurement. Baseline MSF scores vary between specialties, with surgical specialists displaying lower LTI scores than primary care and medical specialist colleagues. We have shown that PULSE 360 MSF combined with a tiered system of personalized interventions can improve measurements of communication and leadership over time in physicians who score poorly on the LTI. Surgeons in particular who score poorly show potential to significantly improve scores in response to longitudinal, personalized feedback-based coaching and education.

Adding MSF to existing, traditional measurements of physician competency in a comprehensive feedback process may provide physicians with a more meaningful and actionable evaluation process. More research is needed to determine if the LTI scores correlate with clinical outcomes and to determine the durability of the improvement provided by these behavioral innovations.