



Annual Performance Evaluations with a Positive Twist

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In earlier columns we have discussed the use of the formula PAR (Problem + Action + Result) as a construct to determine accomplishments and, ultimately, competencies.¹ Deconstructing the competencies yields a cluster of generic skills and traits, which can help determine a career path. The results of PAR work can then be used as bullet points in executive summaries,² and as the basis for “stories” in interviews.³ Behavioral interviews specifically beg for the “stories” that can be generated from preparation that includes a review of one’s PARs.

Through the years, feedback from search committee members and applicants for positions has lauded the usefulness of an applicant taking the time to do the PAR work. It has provided a strong basis for determining the extent to which one knows he or she has the skill sets that are being marketed, and whether the opportunity is a good match with the skills one excels in and enjoys using.

Let’s take a moment to review the construct PAR as a method for competency analysis. Reflecting on your achievements, P asks that you determine if there was a problem, issue, challenge, or opportunity to be solved or resolved, and A asks for the action or activities taken to do this. R stands for the positive result, outcome, or benefit, phrased in as quantitative terms as possible.

An accomplishment statement begins with the A and follows with the R. This can become a bullet point on an executive summary² and might read, “Chaired departmental program review for re-accreditation, which resulted in full accreditation for seven years.”

PAR Use Expanded

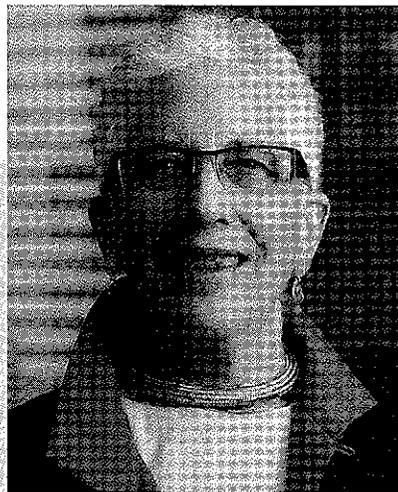
With this summary of the PAR method, let’s consider how it can be extended beyond

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applying and interviewing for positions, into performance management.

“...the task of leadership is to align strengths in ways that make weaknesses irrelevant.”

—Peter Drucker



Judith Kapustin Katz: “We believe that the use of the PAR process in performance appraisal adds a much-needed dimension to the traditional faculty-chair meeting.”

What has become increasingly clear is that determining competencies is also quite helpful in preparing for annual performance appraisal or review. Focusing on strengths is increasingly acknowledged as an effective approach to managing performance appraisals and coaching employees for

change. Many experts today recommend strength- or asset-based approaches rather than a more traditional deficit- or problem-based approach.^{4,5} Moreover, Torbeck and Wrightson⁶ have advocated for determining promotion criteria for family medicine residents based on demonstrated competencies in a

variety of areas suggested by the Accreditation Council for Graduate Medical Education (ACGME). Their report provided guidelines for developing and demonstrating knowledge, skills, and attitudes.

Clifton and Harter give another rationale for the focus on strengths, writing, “When people become aware of their talents, through measurement and feedback, they have a strong position from which to view their potential. They can begin to enlarge their awareness of their talents with knowledge and skills to develop strengths.”⁷

Information such as the above and feedback from clients has led to our recommendation to use the PAR work approach in preparing oneself for an annual evaluation. Reviewing PARs for the past year and deconstructing them as suggested¹ provides one with an understanding of his or her competencies. Moreover, the PAR approach enables preparation of a performance report that is focused on results or outcomes, rather than being the all-too-common list of activities conducted during the year.

Moving from PAR to CAR for Performance Management

To focus on goals for the coming year, we find it helpful to substitute C for P and use the acronym CAR. Challenges, problems, opportunities, or issues can be set, with details of the Action to be taken and the Results expected. This acronym, CAR, implies forward movement and is thus distinguished from past

accomplishments. In our framework, the **PAR** then becomes a focus on Past Problems, opportunities, issues, or challenges and **CAR** on Current/ future challenges, opportunities, issues, or problems.

One to several **CARs** can be written for each area to be appraised—such as teaching, research, service, and scholarship. The amount of detail and degree of “stretch” in the goals is up to you and your supervisor to determine—whether your **CAR** is a high-performance Porsche or a reliable and efficient Prius.

Here are a couple of examples that depict the basic format:

- ❖ **Scholarship:**
 - ❖ **Challenge**—Submit two articles for publication.
 - ❖ **Action**—Complete data collection and draft manuscripts for intradepartmental review.
 - ❖ **Results**—Submit articles to the *Journal of XXX* by April 1.
- ❖ **Teaching:**
 - ❖ **Challenge**—Develop integrated curriculum for pathology course.
 - ❖ **Action**—Collect and review curriculum from several other institutions; convene small task force to discuss and draft proposal.
 - ❖ **Result**—Submit new curriculum to department chair by April 30.

These statements are written in the present tense, are grounded in your history, represent a preferred future, and move toward positive accomplishments and change that you desire for your career. The statements also help you identify aspects of your work that ultimately will make you feel good about yourself. Finally, the work of constructing your **CARs** helps to define areas on which to focus in the following year as you do your yearly reflection, with questions such as: How much of my current position allows me to use the skills that I enjoy? Are there ways that I can build more of this into my current job?

We believe that the use of the **PAR** process in performance appraisal adds a much-needed dimension to the traditional faculty–chair meeting. The process enables faculty and their supervisors to identify, and then to acknowledge, faculty members’ concrete results-oriented contributions to the school—traditional peer-reviewed publications and grants, clinical service, or teaching—as well as nontraditional contributions that advance



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the missions of the school. As recently highlighted by an AAMC Consensus Meeting on documenting and evaluating contributions in education, there is a great need for medical schools to develop methods that document and value contributions such as advising, mentoring, directing courses, and the like.⁸

Some internal CV report templates allow for short verbiage to describe such contributions, and we suggest that more schools could usefully adopt this process as an optional component of the annual review. Formal inclusion would benefit all parties:

- ❖ The faculty member gets credit for a task well done, yet not easily added to a traditional CV, and takes personal satisfaction in the accomplishment. Furthermore, the deconstruction allows the faculty member to identify skills and strengths that can be developed further.
- ❖ The department benefits from faculty willingness to take on projects that otherwise would not be considered worth their time and effort (“What do I get out of doing this?”).
- ❖ The school, which always benefits from the success of its faculty, will identify a pool of talented individuals with specific skills that may be invited to participate in important processes that enhance the school’s mission.

This change in performance appraisal will require a shift to focus on how to document

the outcomes, rather than just listing the activities in which a faculty member is involved. For example, it is not sufficient to note that one served on the IRB committee; for this to be used as an accomplishment, the faculty member must focus on what was accomplished that year. This requires considering elements such as: Was the process streamlined so that time from application submission to approval was shortened? Were there improved explanations of what was needed in IRB applications, so that fewer resubmissions were required?

This recommended approach for using **PAR** for past accomplishments and **CAR** for current and future challenges aligns with the values of “appreciative inquiry.” One model uses the appreciative approach to determine strategic objectives by analyzing Strengths and Opportunities, Action, and Result.⁹ The **CAR** focus is thus strength-based, and one is being valued for contributions as well as potential. Your annual review becomes a *valuation* rather than an evaluation—built on strengths rather than deficits. ❖

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Physician Re-Entry

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faculty preceptor who is expected to provide regular feedback. The program is small enough so that the director oversees each student's progress and assists when any barriers arise.

Students are evaluated for their history-taking and physical exam skills at the beginning and end of the preceptorship. Virtual (online) patients and standardized patients provide further opportunities for participants to practice their patient care skills.

The program can be individualized so that participants can choose a particular team—such as obstetrics/gynecology, pediatrics, or surgery—to work with based on their interests and needs or to suit a participant's work schedule.

Fatih Ramazanoglu, MD, a pediatrician from New Jersey, spent some time overseas and was asked by his state medical review board to take a refresher course before activating his license in New Jersey. He said that the course was flexible enough for him to be able to arrange to spend time in the pediatric intensive care unit and some specialty pediatric clinics. Completing the course satisfied the medical board, and he subsequently received admitting privileges at a local hospital. "If you are not in medical practice for a long time, it makes you a little uneasy to come back again. I think this course is a good remedy for that," he said.

Jonathan Levi, MD, a cardiologist from Michigan with a solo outpatient cardiology practice, wants to expand his practice to include inpatients. He believes that going through the preceptorship will have a major impact on his career. "I am currently not doing any inpatient medicine and I would like to resume," he said. "It is something of a problem, because hospitals want some kind of assurance that I can practice inpatient medicine. I am hoping that by assuring hospitals that I have had a lot of very intensive contact with inpatient medicine recently, it will bolster my case."

Additional Modules

An innovative second module, the Medical Update Curriculum and Assessment, was launched in July 2008. This is an online learning curriculum that provides up-to-date

medical information needed for clinical practice in areas of general internal medicine and subspecialties. Each lesson includes pre- and post-assessments. As a distance-learning tool, it allows this module to be accessible globally and around the clock, and relieves participants from the necessity of traveling to a specific learning site. Participants are given one year to complete this module.

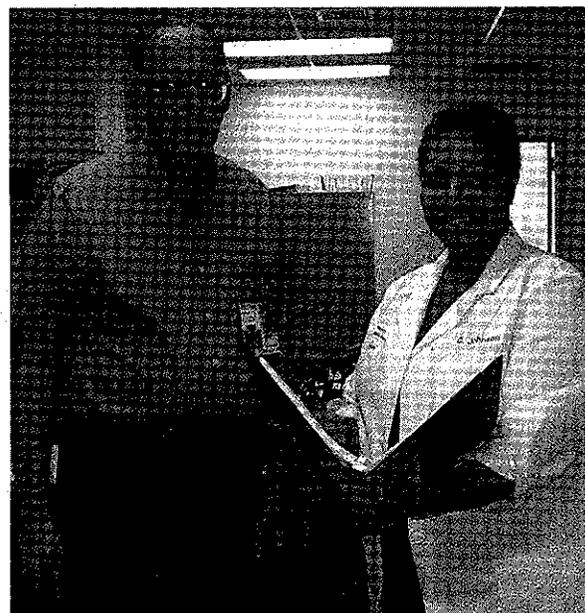
The third module is still under construction. This is also a distance-learning program, but focuses on honing clinical skills using standardized patients. It includes individualized assessment and enhancement of skills in communication, history taking, physical exams, clinical reasoning, and patient management.

This module will utilize at least some material already developed for doc.com, a Web site created by educators at DUCOM in association with the American Academy of Communication in Healthcare (<http://webcampus.drexelmed.edu/doc.com>; a 15-day free subscription is available). Doc.com provides 42 "very exciting and very elegant" modules in patient communication, explained Dr. Schindler. It serves as an on-line textbook in communication for about 30 medical schools, including those at Stanford, Yale, and Johns Hopkins.

Lessons utilize text, media vignettes, and annotated videos. By watching physician encounters with standardized patients, learners are able to "role model best practices" in communication skills. The videos can be interrupted, and the learner can "hear" the rationale behind what the physician is saying at different points throughout the interview.

Some topics include Building the Relationship; Understanding the Patient's Perspective; Responding to Strong Emotions; and Nonverbal Communication. Other modules are designed to help physicians manage specific situations, such as dealing with adolescents, substance abuse, and domestic violence.

These are important skills for all physicians, but they can be particularly useful for physicians who have encountered



Course participant Dr. Jonathan Levi discusses his program with Cynthia Johnson.

problems because of poor interpersonal skills or for foreign graduates who may not be acclimated to American cultural norms.

Future Trends

Costs of the program range between \$7500 and \$8500 per module. The on-site program also involves transportation and housing expenses. Despite the expense, "the number of applicants we get is growing exponentially," said Dr. Schindler. "As the program becomes known, we are getting more and more referrals."

This growth is seen despite relatively modest advertising beyond its Web presence. Mailings are sent to state medical boards and past participants in Drexel University CME programs. Sometimes the program is exhibited at medical conferences. "We've even gone into blogs catering to foreign medical graduates," said Cynthia Johnson, who handles the administrative details as part of the Office of CME at DUCOM.

"The program is self-funded," said Dr. Schindler. In the future, I see that our 'portable curriculum' has an international market potential." ♦

For an expanded version of this article, including a list of principles emphasized in the program, visit the APS Web site at www.acphysci.com.