

Supplemental B: Interview Protocol

INTRODUCTION:

I am exploring the impact of performance feedback. My goal is to learn more about your experience with feedback so that we can improve how we deliver feedback.

Before I start, I want to let you know that anything you say will be kept confidential, which means that I will not share who you are if I share any lessons learned or suggestions from your interview. You can also ask to skip one or more questions at any time.

I also will be recording this Zoom call during the interview to help me focus instead of taking notes while we are talking. Are you comfortable with me recording our discussion? The recording will be viewed only by myself and by a transcription service who will create a de-identified transcription.

(Start recording)

Ok, I am turning on recording now. Today is [DATE]. Do you mind saying your full name and that you consent to being recorded?

GOAL IMPORTANCE:

This set of questions refers to the Clinical Performance Feedback Intervention Theory (CP-FIT) construct of goal importance, defined as the degree to which interventions “focus on goals recipients believe to be meaningful”(1). These questions will explore physician values and allow for comparison to the domains in which they currently receive feedback.

1. First, I'll invite you to bring to mind someone who you think of as a really great physician. Someone who you like/respect/ want to emulate. What qualities/ skills come to mind?
 - What other qualities/ skills do you aspire to embody as a doctor?
2. Tell me about your role(s) at this organization.
 - How is your FTE divided?
 - Which parts of your job are most important to you?
3. How do you know if you are doing your job well? How do you know if you are embodying the qualities/skills you just mentioned?
4. What does clinical performance feedback mean to you?
 - Allow participant to describe their definition, then give formal definition.
 - “To ensure that we are all on the same page, we are using the AHRQ definition of clinical performance feedback: ‘data that are shared with physicians on their clinical performance over a specified period, as captured by various quality and resource use indicators’(2). For the purposes of this discussion, we are not

including feedback on leadership, education, or scholarship, just on clinical performance. This can include formal feedback and informal feedback, as well as feedback more focused on ensuring you are meeting minimal job requirements and feedback more focused on promoting your professional growth.”

5. With that in mind, what are some of the ways that you receive clinical performance feedback?
 - If having difficulty, can provide potential examples: OPPE, sign-out (inpatient), cc'd charts/ FYI's (outpatient), annual review, RCAs, safety reports, consults
 - Some others have mentioned XYZ, can you tell me about your experience with these if you have any?
 - *If not already mentioned:* Who do you receive clinical performance feedback from?
6. There are different domains of clinical practice that one could be evaluated on. There is no one standard conceptualization of how the different domains of clinical performance are subdivided, so there are no right or wrong answers, but I'm interested in how would you categorize the different domains of clinical performance. What would you say are the domains addressed by the clinical performance feedback you currently receive?
 - If struggling, can give examples of domains (technical skills, interpersonal skills, efficiency, patient satisfaction). Are there others that you would add?
7. What do you think about the domains covered by the clinical performance feedback that you receive?
 - Which areas are helpful? Which areas are less helpful? Which areas are missing?
 - Earlier, you mentioned X, Y, Z as the most important areas of being a good physician. How well do you think the feedback you mentioned reflects the qualities of a good physician?
 - How would you measure X, Y, Z if it is not currently being measured?
 - If say can't be measured, ask how could you get close to measuring X, Y, Z? What would be the next best thing?

FEEDBACK IMPACT:

8. What impact (if any) has feedback (or lack thereof) had on your well-being?
 - If need more context: There is some evidence that feedback can contribute to professional fulfilment, and other times to burnout. What has been your experience?

FEEDBACK GOAL SETTING, FEEDBACK DISPLAY/ DELIVERY:

This set of questions refers to the CP-FIT constructs of goal setting and feedback display/ delivery, the first and third steps in the feedback cycle, respectively (1). These questions will

allow physicians to describe their ideal feedback topics of importance as well as their ideal mechanism for feedback communication.

“Let’s say we were going to design the ideal way for you to receive feedback and on the ideal areas of interest to you to support your well-being as a physician.”

9. What areas would you like to receive feedback on?

10. How would you like to receive feedback on your clinical performance in the future?

- Practically, what might that look like?

CLOSING:

11. Before we wrap up, is there anything else you would like to add?

DEMOGRAPHICS:

With which gender do you most identify?

☐ Female ☐ Male ☐ Other (please specify) _____

What is your age in decades, such as 20s, 30s, 40s etc?

☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ Over 80

Regarding your race and ethnicity, which do you identify with? You can pick as many as that apply:

☐ Latinx (Latino, Latina) ☐ American Indian or Alaska Native ☐ Asian or Asian American

☐ South Asian (Indian) ☐ Black or African American ☐ Native Hawaiian or Other Pacific

Islander ☐ White

☐ Other _____

How many years have you been in this profession, including residency & fellowship?

☐ <1 year ☐ 1-4 ☐ 5-9 ☐ 10+ years

References:

1. Brown B, Gude WT, Blakeman T, van der Veer SN, Ivers N, Francis JJ, et al. Clinical Performance Feedback Intervention Theory (CP-FIT): a new theory for designing, implementing, and evaluating feedback in health care based on a systematic review and meta-synthesis of qualitative research. *Implementation Sci.* 2019 Dec;14(1):40.
2. McNamara P, Shaller D, Ivers N. Confidential Physician Feedback Reports: Designing for Optimal Impact on Performance. :42.