The Good The Bad and The Likely
A Framework for Providing Effective Feedback

The Good: Principles of Effective Feedback

It is best to think of the AFIX collaboration between a provider and grantee site visit staff as a learning experience for both parties. The grantee brings objective knowledge about the VFC/AFIX Program procedures as well as qualitative knowledge, such as how to improve vaccination strategies, to the collaboration. The provider brings objective knowledge about their clientele as well as the business conditions under which they are operating that may pose a challenge to vaccinating.

The idea that AFIX is a learning collaborative very much fits into the concept of a "Quality Circle"

Feedback, as a learning collaboration, should provide:

- **Information that is timely** about what was observed or recorded
- **Guidance** as to how performance can be improved
- **Specifics** rather than broad-ranging comments
- **Examples and models** showing what can be improved and how
- A **valuing** of provider work
- **Time** for providers to act upon advice
- **Benefits** of proposed changes
- **Forward-leaning** direction about what can be done rather then what was done
- **Engagement of** the provider in developing the action plan
- **"Tools"**

The Bad: Ineffective Feedback

AFIX, as a collaborative effort between VFC/AFIX staff and providers offers the same opportunities for miscommunication, misunderstanding and working at cross-purposes as does any other relationship. Ineffective feedback is often interpreted by the party receiving the feedback as:

Insensitive: little concern for the circumstances under which the Provider operates
Judgmental: which is quite different from evaluating
Disrespectful: feedback is demeaning, bordering on insulting
Patronizing: It's easy to criticize when you are not the one with difficult patients/administration/contracts/staff
Attacking: focusing on the weaknesses of the provider's performance

So what are the characteristics of ineffective feedback?

- **Being indirect:** feedback that is vague with identified problems only implied or hinted at rather than discussed frankly, directly and without judgement.
- **Being too general**: feedback that seems canned, applicable to all providers and settings
- **Being too solicitous**: feedback that includes unnecessary compliments

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The Likely: Frequent questions/challenges encountered during feedback

Roughly speaking, questions and challenges fall into two categories: those that ask for understanding and help and those that will be used to refute any information provided. Each provides an opportunity to convert a provider to an "AFIX partner".

The motivation of the questioner/challenger requires different strategies, so use your judgement and check your intuition by assessing whether the response you received fit your presumption of motivation. The key is remembering that your role in providing feedback is to create a partnership for positive change in vaccination practices; not to be liked, revered, obeyed or acknowledged.

1. **What is your training/background?**

   First determine if the individual is trying to start a conversation, wants to judge how much confidence to place in you or is looking for a reason not to participate in feedback.

   Your degree and education is irrelevant. Your expertise in a proven national strategy for improving vaccination services is paramount. Focus attention not on your own knowledge, but on the fact that certain strategies have been clearly shown to be effective at improving immunization practices. Also, describe who you've helped and how (without revealing proprietary or sensitive information). Be specific and relate the specific details to conditions you perceive to be relevant to the feedback you think relevant to that clinic.

2. **What is your sample size?** (or other challenges to your methodology: P value, statistical significance, CoCASA algorithms, etc)

   First determine if the person is trying to understand how to interpret your feedback or is looking for a reason not to participate in feedback. In either case describing the methodology is a trap and will NOT address the issues inherent in either motivation.

   AFIX is based on dialogue! Describe your motivation for providing the feedback and ask questions. What does the provider see as major challenges? What have they tried? What are the pressures and constraints they experience in trying to provide vaccinations to their patients? The data are merely a starting point for the important discussions about vaccination practices and every attempt needs to be made to keep the discussion at this level. Most attempts to explain methodology will simply result in fruitless technical discussion unrelated to the everyday practices of the office.

3. **I think you've misread our charts** (forms, reports, policy, procedures)

   Though unlikely, it is possible and should be acknowledged without being either defensive or apologetic that you have misunderstood something in their charts or forms. Have the provider walk you through the form and use the opportunity to ask if there have ever been problems with new employees misinterpreting forms. This can lead into discussion, based on your observations, about either the consistency of form usage (e.g. are old and new forms intermingled, are forms consistently placed in the chart and/or in the correct location, is the form adequate for immunization tasks) or the need for training (how are staff trained to take and document orders, how are new employees trained and old ones re-trained, how are policies disseminated or changes in immunization schedules communicated).

4. **That's how we used to do this, but we changed a few months ago**

   Much like the previous question/challenge, this is an opportunity to discuss a common problem for providers: implementing change. Since the whole intent of AFIX feedback is to bring about improvements in a process, discussing how readily staff accept change is a crucial element in developing any implementation plan.

5. **I agree but our director (managed care contract, patients) require (prefer, like) us to do it that way**

   All providers have challenging circumstances affecting efforts to change, otherwise change would be easy. This is an opportunity to discuss what those are, what the provider has identified as effective ways of addressing those challenges and what you have seen work in other facilities facing those same challenges. Be specific!

6. **We serve a unique population**

   What about the population served drives modification of other preventive services? Is the population highly transient, resistant to vaccinations, non-compliant, demanding or suspicious? Each of these issues is addressable with different strategies offering continued dialogue in creating the AFIX partnership.

   Also, regardless of the population served, the AFIX discussion is about what the providers and staff can do more effectively when patients <u>are</u> in the office. Whether they are only a safety-net clinic or a clinic whose patients generally oppose vaccines, there are always ways to improve.

7. **We don't have enough time** (money, staff or other resources)

   All providers are (and in fact all business and industries) exist in a world of finite resources. Quality is the ability to achieve identified goals in light of those finite resources. This is an opportunity to talk about issues critical to vaccination strategies. Are resources limiting because:

   -there is waste requiring 'rework',

   -missed opportunities,

   -inefficient patient throughput,

   -inconsistent billing,

   -trouble hiring/filling vacant positions,

   -high turnover in staff,

   -conflicts between line staff and management or

   -"cliques" within the staff that limit effective teamwork?

   It is important to communicate that improvement does not necessarily require a lot of extra time or money. Small improvements can make significant long-term changes.