

**Department of Family Medicine and Community Health  
Performance Development Task Force Proposal**

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Task Force Members:

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In 2012, The Napier Group (TNG), led by Dr. Rod Napier, conducted intensive interviews related to the Executive Team and the overall leadership of our department, and qualitative data was drawn from a series of seven questions. One of the recommendations was:

- “Provide a stronger, more equitable and useful process of performance management from the top of DFM down, so that feedback, with real accountability, is part of each leader’s yearly review. That leadership is a privilege underlies this tenet.”

Listening Sessions were conducted in 2013-14 and further underscored this recommendation through a greater department outreach. In December 2014, TNG designed a survey which was edited, approved and disseminated by the members of the Steering Group for the strategic planning process. Two of the identified themes were:

- Education & Training: This theme was a concern across all areas with the vision of investing and offering more efficient techniques, ease of access and acquisition of technology updates and enhancement. Participants want education and training encouraged by creating access through sufficient staff coverage and appropriate identification of opportunities for greater visibility. In other words, what is being offered, when and where within and across the Department (and in some cases beyond UW).
- Performance Management & Accountability: *“It is important to make employees accountable”*. This theme resonated throughout all areas with emphasis on holding everyone across the system accountable. Confirmed previously in 2012, there is a need to provide management training and a standard performance management program throughout the Department of Family Medicine and Community Health (DFMCH). Accountability is reported to be inconsistent around issues of poor behavior and favoritism. *“It seems like some are held to different standards than others - which makes for a bad working environment”*. There is a request for a stronger, more equitable and useful process of performance management from the top down, so that feedback is part of each leader’s yearly review.

An Opportunities Conference was held in June, 2015. At this conference, participants problem solved operational issues identified in the survey which presented themselves as blocks to the strategic plan/vision of the Department. Our task force was created as an outcome of this conference.

## ***DESCRIPTION OF THE ISSUE***

**Definition of performance management as provided to the task force:** The process of developing the capacity of individuals to grow personally and professionally in ways that provide them with increased opportunities while continually adding value to the Department at the same time they are evaluated in relation to their contributions and rewarded in a manner commensurate with their ability to achieve their agreed upon goals at the highest level possible.

## **Scope/charge provided to the task force:**

- Engage, support and empower people to constantly learn and develop their skills based upon a robust and respectful feedback environment.
- Identify:
  - Current assessment of available practices and tools (UW, UWMF).
  - Identify best practices and deficiencies/areas for improvement.
  - Recommend professional development across all areas.

Our task force discussed our task force name and agreed that “Performance Development” best described the scope of the proposal.

We defined the scope of our task force as a combination of performance management and professional development.

**Performance Development:** The process of fostering individuals’ personal and professional growth in order to provide increased opportunities and added value to the Department (professional development). Individuals receive coaching and feedback and are evaluated relative to the level in which they have contributed to the Department and achieved agreed upon goals (performance management).

Our task force was presented with a list of performance management “blocks” and “ideals” identified by the 2015 Opportunities Conference participants (Appendix A). We narrowed the ideals and blocks for performance management and professional development.

## **Performance management:**

### Ideals:

- Consistent training involving performance management and feedback.
- Communicate clear goals to the employee.
- Respectful communication throughout the year; ongoing feedback.
- Training for everyone to enhance supervisor and employee engagement and increase job satisfaction.
- Transparency

### Blocks:

- Lack of training regarding performance management and feedback.
- Lack of incentive to complete evaluations.
- The culture of the Department does not make performance management a priority.

## **Professional development:**

### Ideals:

- Opportunities are provided to enhance the employee’s professional development.
- Supervisors and employees work together to identify professional development opportunities that employees find personally rewarding and that increase value to the Department.
- Professional development should be seen as an organizational priority.

### Blocks:

- No good system in place for equal opportunity.
- Allocation of money, resources, opportunities and time are lacking.
- Available resources are not communicated to the employee.

## ***BEST AND CURRENT PRACTICES***

The task force knew at least four performance evaluation systems were used by DFMCH staff. These include separate processes for UWMF, faculty, UW academic staff, and UW university staff (Appendices B-F). We invited a number of people to our task force meetings to explain current practices and to better understand each of these systems.

Patrick Sheehan from the UW Office of Human Resources talked about the UW's new July 1, 2015 Performance Management Policy (Appendix G). He was a member of the campus work group which formed the new performance management policy. He told us about the campus community feedback that was received leading up to the new policy's implementation. The work group conducted surveys, held focus groups, and met with thousands of UW employees to determine how the performance management system could improve.

He also provided the work group's draft recommendation regarding performance management which was forwarded to the project sponsors for their review. This document contained many of the resources that their work group reviewed, as well as some general themes received from the campus when considering performance management policies and recommendations. The work team looked at like-institutions such as Minnesota and Berkley, but they did not model the new performance management policy on any other institution.

The work group heard that employees want ongoing feedback on their performance because it makes them feel appreciated. The work group felt that ongoing conversations with employees and supervisor is critical and should include things that the employee is doing well along with needed improvements.

Four critical items were included as part of the UW's new policy:

1. Goal Setting: Goals should be set at the probationary period and annually thereafter. The goals should be mutually agreed upon between the supervisor and employee.
2. Ongoing Conversations. Supervisors and employees should meet regularly throughout the year to discuss their work, areas of success and opportunities for growth.
3. Midpoint Conversation: Supervisors and employees should meet half-way through the year to evaluate if the employee's performance is satisfactory.
4. Summary Evaluation: Supervisors and employees should meet annually to evaluate employee's performance. A metric/scale system was discussed, but was not implemented.

In order to be eligible for general wage adjustment/pay plan or performance pay increases for the fiscal year, supervisors and managers must complete all required performance management activities for those employees whom they supervise, in accordance with the requirements of the UW's July 1, 2015 Performance Management Policy.

Our task force asked Mr. Sheehan about 360 evaluations. He said these are a performance development tool. Mr. Sheehan mentioned that these should not be the sole source of an evaluation. Mr. Sheehan is a personal proponent of a metric system using a 6 or 7 point scale because this forces supervisors to choose whether or not

an employee is successful. Along with metrics there should be a section for meaningful feedback. There needs to be a balanced approach. Mr. Sheehan also said that training for supervisors and employees is needed. There must be transparency about the requirements and expectations between employees and supervisors.

The School of Medicine and Public Health's (SMPH) dean's office has required all mid-point evaluations to be due by January 31 of each year and all summary evaluations to be due by June 30 of each year. To understand the dean's office requirements, we asked Anne Mekschun to meet with our task force. Ms. Mekschun explained that campus is looking for a new online system to keep track of performance management, similar to UWMF's system. They are currently looking at two vendors. Eventually they will have an electronic system for performance management. During the interim, SMPH is going to use the same due date for all employees to help audit compliance with the campus policy requirements.

The Dean's Office consulted with the UW Office of Human Resources about the mid-year performance reviews for CT and CHS Track faculty (academic staff). Campus has agreed that these positions are highly scrutinized with constant evaluation and feedback about their performance. They have agreed that CT and CHS appointments meet the requirements of the July 1, 2015 campus performance management policy and therefore a mid-year review in January is not necessary.

The task force asked Ms. Mekschun about professional development. She said that the campus Office of Talent Management will be offering free trainings on campus for UW employees. She said that professional development doesn't necessarily need to directly relate to an employee's specific job duties. Some topics that employees may find useful are general topics such as women in leadership or diversity. It is up to management to allow staff to take time off to participate in their professional development. Supervisors need to invest in their employees and give employees time to go to trainings if possible. The success of this can be measured by employee engagement surveys and feedback from exit interviews.

Our task force members also viewed a demonstration of the DFMCH People Information Management System (PIMS) used for the UW academic staff evaluations and part of the faculty evaluations. We did not review the university staff evaluation form since DFMCH HR was already in the process of eliminating that form. UW academic staff and UW university staff will now use the forms formerly used only by UW academic staff. See the new DFMCH evaluation forms for UW academic staff and UW university staff (Appendix H).

UWMF HR representative Carrie Cichy-Krantz gave our task force an overview of the UWMF performance development tool including the tool's functionality and the different components it offers. She provided copies of the employee and supervisor handbooks for UWMF performance development (Appendix C).

Ms. Cichy-Krantz explained that emails are sent every June to managers to have them begin administering and completing the performance development plan (PDP). All are due annually by October 1. The tool is available year round. Employees and managers may add information at any time. Optional training for employees and for managers is offered every year. Topics vary year-to-year. Trainings for managers have included how to write development plans, how to have difficult discussions, and reward concepts. Trainings for employees have focused on how to use the performance development plan tool. UWMF has provided in-person trainings at various locations. The PDP Quick Guide booklet is distributed at the trainings and is available on U-Connect. The booklet includes information on action words, how the scale comes into play, goal development plans, how to get started, and examples.

The PDP is employee initiated. The employee completes their portion of the evaluation and submits it electronically to their managers. The manager completes their portion of the evaluation (same sections as the employee completes). Each category gives a brief description of the types of behaviors that are consistent with the performance standards. The employee and manager go through each category and then they review the

entire evaluation. The performance standards were developed by all three UW Health partners as part of the UW Health Strategic Plan in 2010. They collaborated on and collected general operating principles to use as performance standards.

UWMF managers have the option of using a rating scale for their employee's expectations. The rating scale is required for UWHC but not for UWMF. Ms. Cichy-Krantz discussed rating scales. Rating scales can be easily tied to a merit increase, but sometimes ratings can be subjective and may confuse the employee whether they are performing well (e.g., "I received a 3 this year, but last year I got a 4. What am I doing wrong?").

Managers at UWMF are given a pool of money to distribute among employees for a merit increase. Managers determine how to distribute money—higher performers can get more money. However, the PDP process is different than the merit process. New employees are encouraged to focus more on goals and development. Ms. Cichy-Krantz believes in a pay for performance concept. She also believes that performance feedback makes employees feel appreciated. The focus should be on a detailed development plan and personal accountability.

Ms. Cichy-Krantz stated that there are currently on-going discussions regarding the future state of the performance development tool for UW Health. She did not have specifics about those discussions at this point.

At the June at the 2015 Opportunities Conference, there was discussion about blocks and ideals regarding professional development. The comments from the Opportunities Conference could not be employee-identified. The task force was curious if certain identified themes were specific to employee groups such as UW or UWMF employer, employee classification, or possibly supervisor/non-supervisor.

We decided that interviewing employees within the Department would be the best method to clearly define the current issues. Task force members interviewed various employees about their feelings/thoughts/ideas regarding performance management and professional development. We consulted with DFMCH Research and it was determined that ideally we should interview 10 percent of each employee type as of July 1, 2015. Our interviews included:

UWMF staff – 47  
CT/CHS faculty – 15  
UW Academic Staff – 9  
UW University Staff – 8

Task force members developed interview questions and sent the questions to employees prior to their scheduled interview so that the employee would have time to reflect on their experience with performance management and professional development in the DFMCH (Appendix I). Most were in-person interviews and some were phone interviews.

### **Interview Summary:**

Faculty had overall positive comments about their DFMCH review process. Several faculty specifically mentioned the useful feedback that is obtained from their 360 evaluations. Some have asked for additional feedback from clinical staff. They find the evaluation process self-explanatory. More feedback throughout the year was requested as well as training on how to support and evaluate staff.

Faculty said that the DFMCH has a clearly defined professional development policy and there are many professional development resources for physicians.

The DFMCH academic staff and their supervisors like the current PIMS evaluation tool. A majority of university staff and their supervisors did not like the evaluation tool that has been used for university staff. The UW staff and supervisors would appreciate more training in performance management. Academic staff and university staff want more feedback and informal conversations with their supervisors. They also want clear expectations and follow through on goals.

Some academic staff and university staff remarked that they didn't know where to find resources for professional development. They also said time, money, and encouragement are major obstacles for their professional development.

The UWMF staff and supervisors stated that UWMF training on their annual PDP is available through a non-mandatory class. Resources are also available through UConnect and via Quick Guide booklets for managers and staff. There were requests for supervisor training on how to provide feedback. Staff requested more coaching from their supervisors on how to complete their PDP and performance feedback from their supervisor throughout the year. Many supervisors and staff said that the PDP tool's questions are redundant. Many suggested that the questions should not be the same questions year after year. Supervisors find it overwhelming to complete all of their evaluations at the same time. Some staff said that they don't work closely with their supervisors and feel their supervisors don't necessarily know the employee's job duties. They feel the "wrong" person is evaluating their performance. Staff had mostly positive comments about the supervisor/employee discussions about employee's goals. Staff asked for more follow up with their goals. Some suggested that the organizational goals should be separate from the development plan.

Most UWMF staff and supervisors are aware of professional development opportunities. Some staff said they would appreciate assistance from their supervisors in finding specific opportunities. They said time, money, availability of opportunities, clinic coverage and encouragement are major obstacles for their professional development. They suggested more "lunch and learn" trainings at their specific clinic locations and online learning.

General themes from our interviews were also supported by the interview Word Cloud analysis performed by DFMCH Research and by the October 21, 2015 State of the Department World Café table conversations. See the interview summary themes (Appendix J).

### **Best and Current Practices: Peer Institutions**

Peer institutions were surveyed to identify what similar departments of Family Medicine have implemented for performance management and professional development. University of Colorado Anschutz Medical Campus, University of North Carolina School of Medicine and University of Missouri-Columbia were chosen because of their similarities to our department (size, scope of department, etc.).

The focus of our comparison was made on performance management evaluation tools, frequency of evaluations, goal use, training, rating system use, feedback, and professional development monetary and time allocations. In general our peers are using online performance management tools, or are moving to online tools. Faculty and staff use separate evaluation systems. Peer faculty have unified evaluations but staff have evaluations based on their job or positions. Faculty at one peer institute has separate evaluations for career development and performance. Reviews are conducted annually by our peers. Some use the employee anniversary date and others are completed all together during a specific month, but that month may differ for faculty and staff. Mid-term reviews are suggested by one peer. Our peers informally incorporate goal setting and review of the goals as part of their process. Initial goal setting for one peer group was set within 30 days of employment. Training for the evaluation process is either offered but optional, offered just to managers, or not offered at all. Points and rating systems are used and considered in some of the processes, but not directly linked to monetary raises.

A feedback survey was noted by one peer but not formalized in the others. Compliance is directly linked to raises for management for two of our peer institutions. Managers are not eligible for a raise if they have not completed all of their employee reviews. Those peers have 100% compliance with their evaluations.

Professional development dollar allocations and time allocations vary among our peer institutions:

- Faculty - \$500 annually to \$2,000 annually  
Other staff - some institutions have no set policy; others have a maximum of \$1,000 for select staff
- Faculty - 5 to 10 days per year  
Other staff - varies from no set policy up to 5 days for select staff

Professional development dollar allocations and time allocations for DFMCH appointments .5 or more (Appendix K):

- Faculty - \$2,100 annually; up to 10 days per fiscal year are available for 1.0 FTE (prorated for FTE less than 1.0)
- NP/PA's - \$2,000 annually; up to 5 days per fiscal year are available for 1.0 FTE (prorated for FTE less than 1.0)
- Fellows - \$4,000 annually; up to 10 days per fiscal year are available for 1.0 FTE (prorated for FTE less than 1.0)
- Other staff – the amounts per CME pool vary and are subject to budgetary constraints

### **Best and Current Practices: Literature Reviews**

We found seven literature reviews regarding performance development by searching PubMed. The key search words were: performance management, performance development, professional development, performance measurement, health care, and university employees. Among these seven articles we found that four of the articles were most pertinent to our task force scope. Though the available literature was limited, we were able to find relevant articles which defined the best and current practices in relation to performance management and professional development.

The literature states that most performance problems can be attributed to unclear expectations, skill deficit, resource or equipment shortage, and lack of motivation (Dieleman & Harnmeijer, 2006). To overcome some of these barriers, performance management needs clear goals and objectives to steer individual performance. Staff and managers should participate equally in discussing goals and objectives of the organization (Martinez, 2001). Managers who conduct appraisal must work closely and interact frequently enough in order to effectively evaluate the staff's performance. Additionally, managers should act swiftly on the outcome of appraisal.

Transparency of the organization is an important feature of effective communication (Dieleman & Harnmeijer, 2006; Martinez, 2001). Individual appraisal should be kept confidential, but confidentiality should not prevent staff and managers from openly discussing the individual's goals and expectations. Clear expectations, rewards for positive performance and the opportunity for career development all play a significant role in employee satisfaction and retention.

Cash rewards are not as central to performance management as once thought; it is the combination of both positive and negative incentives which make staff more open to performance management (Martinez, 2001). We need to ensure that staff are competent and motivated in their jobs by creating positive and negative incentives. Positive incentives include: clear criteria for promotion, job stability and security, a good working environment, and attractive career ladders. Negative incentives discourage undesirable practices or behavior.

For example, in NMCT (UK) if a staff member is absent from service for a day or more without prior notice, then they would be expected to report to their managers upon their return to justify the reason for their absence. With the limited available literature, we did not find any specific best practice recommendation for a tool or system to implement for performance management.

The Association of American Medical Colleges (AAMC) & The American Association of Colleges of Nursing (AACN) emphasizes the importance of “lifelong learning”, or continuing education among healthcare professionals collaboratively throughout the employee’s career (JMF, 2010). Continual professional development has shown to improve the quality of care, patient safety, provider retention, cost-effectiveness and overall impact on the healthcare system. In fact, “lifelong learning can bring personal satisfaction and even joy to learning and practice, can enhance professional identity and value, and may prevent burnout,” (JMF, 2010).

Professional development activities enhance skills to foster performance improvement, employee engagement, critical skills to influence system administrators and organizational culture, and methods to improve collaboration between clinicians and administrators (JMF, 2010). The most common professional development activity is formal education (i.e. teacher instructing learners as part of a curriculum). This approach is good, but a variety of educational methods provides for better outcomes. Educational activities include: Community- or practice-based efforts; computer-generated reminders, protocols and decision making support systems; clinical database-driven audit and feedback methods; and multi-faceted educational programs and activities. This holds true for physicians in leadership as well. Likewise, research shows that a greater investment in programs using teamwork is likely to have the largest impact in the area of leadership development for physicians (Frisch, et al., 2014). This broader set of teaching tools available for leadership development consists of mentoring/coaching, action-based learning projects, feedback processes (e.g. 360 feedback) and self-development activities.

Evidence suggests that there are some methods which can be distributed at the time of the educational activity which enhances learning. These include patient education materials, flow sheets and other checklists to serve as reminders, and links to websites and other learning resources (JMF, 2010). Educational materials can be useful in short messages that are captured in a graphically appealing manner. However, it is recommended to balance the use of simulation and technology along with human interaction and mentorship.

## ***OPTION***

### **Performance Management:**

Our task force recognizes the need and/or desire to have separate evaluation tools for different groups of employees. Our recommendations consist of general recommendations for the entire department and specific recommendations for UW or UWMF staff.

- We recommend more feedback between supervisors and employees. As part of the new July 1, 2015 performance management policy, the UW is requiring a mid-term evaluation meeting. This is a minimum requirement. We recommend that UWMF supervisors also establish a mid-term meeting with their staff. Some supervisors told us they give continuous feedback. However their staff said they receive little or no feedback throughout the year. We recommend UWMF supervisors establish a scheduled and documented mid-term evaluation meeting to discuss performance, goals and professional development. All supervisors should strive to provide timely, informal feedback – both positive and negative.

- Quarterly reminders to supervisors around a performance management topic, such as training in performance management, the importance of timely feedback, or prompts to add information to their employee's evaluation. Two reminders would be generated from the UW DFMCH HR or the UWMF HR and would focus on the annual evaluation and mid-term evaluation. Two reminders would be from the DFMCH Chair's office to emphasize the importance of this issue.
- Time is an issue for all supervisors. If staff evaluations must be completed at a set time each year, we recommend at least a two month time period that the evaluation tool can be accessed. We heard comments that the quality of the reviews suffered due to the high number of reviews to be completed in a short time period.
- We recommend that supervisors seek performance evaluation input with 360 feedback reviews for staff if they don't have a close, direct working relationship with their staff. We have heard that some employees don't feel their evaluation is meaningful because their evaluator doesn't know what they do on a day-to-day basis. Feedback from 360 reviews may be useful for supervisors to better understand their staff's performance and can make the performance evaluation more meaningful.
- UW specific – Modify evaluation tool to allow supervisors and employees to make notes in the evaluation system throughout the year.
- UW specific - The UW has rolled out a new Performance Management Policy effective July 1, 2015. Classroom instruction, webinars (slides, video and transcripts are available), and e-learning modules are now available for performance management basics and SMART goals. These are offered through the UW-Madison's Office of Talent Management (OTM). We recommend that supervisors and employees participate in these trainings. The OTM is also offering training on how to give feedback. We recommend that supervisors participate in this training. We do not recommend *requiring* that supervisors/employees participate in these trainings. The task force discussed requiring supervisor training with Patrick Sheehan from the UW Office of Human Resources. He said that a required certificate program may not be particularly useful. Encouragement and support for supervisors to attend the trainings may be better.
- UW specific – Create DFMCH evaluation tool booklets similar to the UWMF "Performance Development Plan Quick Guide for Managers 2015" and "Performance Development Plan Quick Guide for Employees, Understanding your PDP and Total Rewards 2015."
- UW specific – UW supervisors of university staff and the university staff employees did not like the university staff evaluation form. DFMCH HR was in the process of changing this evaluation to comply with the July 1, 2015 UW Performance Management Policy. The new annual evaluation focuses more on the employee's performance and their goals, rather than just their position description. Both UW academic staff and university staff will be using the same form.
- UWMF specific – UWMF has performance development plan classes in place. In-person classes and printed material are available. Staff felt that in-person classes are not readily accessible due to the distance from the clinics to the training facility and the clinic coverage issue. We recommend that supervisors encourage staff to attend the classes. We recommend that classes be offered at several clinic locations so that more employees may attend.
- UWMF specific – We understand the current evaluation tool is being reviewed. Our task force recommends that the UWMF Performance Development Plan be condensed.

## **Professional Development:**

When compared to the three peer institutions we surveyed, the DFMCH has similar or more generous professional development allocations of time and money for faculty, and we have similar or more generous professional development allocations of time and money for staff covered under the policy.

- We recommend that supervisors and staff discuss professional development during the mid-term and annual evaluations.
- Our task force heard that time and money are issues for professional development. We recommend on-site “lunch and learns,” and on-site training/learning activities.
- Some staff want suggestions on professional development. We recommend that 360 reviews be available to those who may find this helpful in guiding their professional development.
- We recommend a sharing of professional development opportunities. Supervisors should ask staff how they would like to receive information about professional development. Emails, website, quarterly newsletters, bulletin boards, and printed material were suggested. Inform staff about upcoming opportunities during staff meetings. Have a Professional Development month at clinics or work units to promote and support professional development.
- Some staff wanted specific help in locating resources for nurses, x-ray technicians, etc. We recommend that supervisors search for and share technical training opportunities with their staff.
- We recommend that staff ask their supervisors to arrange for “lunch and learns” on topics that interest them. Our task force heard that UWMF employees are interested in learning about career paths in UWMF and how merit money is allocated.
- Our task force recommends that the DFMCH provides information on grants for professional development on our website. Supervisors should make a point of checking the website and informing staff of specific opportunities for funding.

## ***FINANCIAL REQUIREMENT***

The task force believes the financial requirements for our proposal will be minimal. The largest investment would be the increased time for all DFMCH employees to devote to performance management activities (evaluations, feedback sessions, etc.) and professional development activities. The UW has already implemented additional performance management processes including annual goal setting, ongoing conversations between supervisors and staff, a mid-term meeting regarding employee performance, and an annual summary performance evaluation. In order to be eligible for general wage adjustment (GWA)/ pay plan or performance pay increases for the fiscal year, UW supervisors and managers must complete all required performance management activities for those employees whom they supervise. The goal is to maintain a high performing workforce.

There could be salary costs associated with float coverage for clinical staff attending training classes, and overtime for some staff who attend “lunch and learn” trainings. Our task force recommends quarterly, one-hour “lunch and learn” trainings. The costs will vary from clinic to clinic depending on the workforce composition (salaried employees will not be paid extra for attending trainings, some part-time staff may be paid their normal hourly rate to attend training, some staff will need to be paid overtime to attend trainings). Additional DFMCH ITS time may be needed to modify our UW performance management system to comply with the UW campus July 1, 2015 performance management policy if a campus system is not available soon.

We do not believe that there are associated opportunity costs with the proposal. By investing in our employees, we believe that the results may lead to less turnover, and a highly engaged, productive workforce. This is supported by our literature reviews and by UW-Madison Office of Human Resources Director, Robert Lavigna.

## ***SHORT AND LONG TERM PLAN***

**Short term goals will be accomplished within 6 to 12 months of proposal approval.**

**Long term goals will be accomplished within 12 to 24 months of proposal approval.**

### Increased Communication:

- Short Term Plan 1: Recommend that supervisors hold regular meeting times with each employee (e.g. scheduled, informal meetings held as often as feasible) to provide feedback and a check-in. Ideally this would be anywhere from a monthly meeting to a quarterly meeting.
- Long Term Plan 1: There will be continuous communication between the supervisor and employee throughout the year.
- Short Term Plan 2: Require a mid-term evaluation to be completed for all non-faculty DFMCH UW employees and recommend UWMF supervisors to adopt the same process.
- Long Term Plan 2: Clear expectations are established for the employee and are revisited at their mid-term and annual reviews.

### More Time to Complete Evaluation:

- Short Term Plan: Open the performance management tool for at least two months before the evaluation is due so that supervisors and employees can have more time to devote to the evaluation. Limit the number of manager meetings during this two month period. This would be helpful for supervisors who have a high number of reviews to complete. This would show managers that the performance management evaluations and performance development plans are recognized by leadership as a valuable use of supervisor time.
- Long Term Plan: Supervisors will have more time to complete the evaluations which will make the evaluation more useful and meaningful to the employee.

### Quarterly Email:

- Short Term Plan: Send out a quarterly email to recommend that supervisors meet regularly with their employees. Remind supervisors to keep track of the employee's accomplishments and their conversations about needed improvements throughout the year to facilitate the employee's annual review process. These quarterly emails will also include information about available trainings which the supervisor can communicate to employees, if applicable. This quarterly email would be sent twice/year by DFMCH HR or UWMF HR and twice/year by the DFMCH Chair's office.
- Long Term Plan: Supervisors will regularly communicate with employees, will have documentation on hand at review time, and will provide employees with professional development resources.

### Increased Support:

- Short Term Plan: Employees will be recommended by supervisors and the Department to attend trainings. Provide resources where employees and supervisors can find available trainings and funding opportunities. Resources will be posted on the DFMCH intranet, they will be sent to supervisors in the quarterly email, and management will advertise them at their staff meetings. Clinics should hold on-site trainings or "lunch and learns" whenever possible. The task force envisioned the "lunch and learns" to

be organized by individual clinic managers (or their designees). Topics could be chosen based on suggestions from staff. There could also be topics chosen by clinic management. There may be occasions for clinics to work together and include videoconferencing. Some topics or discussions may work best if kept at the individual clinic.

- Long Term Plan: Employees will feel increased support and feel encouraged to develop professionally. Employees will know where to find available trainings and will take initiative with their own professional development.

### ***Expected Outcomes and Evaluation Plan***

If the task force proposals have been successful, we anticipate that subsequent Napier Group surveys will indicate that DFMCH staff have increased satisfaction concerning the issues identified in the previous DFMCH surveys around education and training, and performance management and accountability, including supervision, favoritism, and consistency. Periodic follow-up surveys will be helpful in measuring sustained improvement, and will identify areas causing staff dissatisfaction.

The UW-Madison Office of Human Resources Director, Robert Lavigna, has said that research shows effective performance management encourages employee behaviors that align with organizational goals and objectives. “By clarifying expectations, recognizing high performers, addressing performance issues, and identifying developmental needs,” he says, “performance management systems drive improved employee performance.” Investing in our employees may lead to less turnover, and a highly engaged, productive workforce. Specifically at the DFMCH we recommend increasing communication between supervisors and employees, allowing more time to complete evaluations, sending performance development reminder emails quarterly, and enhancing professional development support for employees. Our Performance Development task force believes that many of the performance management and professional development issues identified by The Napier Group will be resolved. This will enhance job satisfaction and will increase employee retention, which will ultimately make the DFMCH more efficient.

### ***Communication Plan***

The Performance Development task force believes that the sponsors of the task force should communicate the details of the accepted final proposal to UWMF HR. They should have an opportunity to respond to the proposal prior to a roll out to DFMCH employees. We recommend that the accepted final proposal is then rolled out by the task force sponsors to DFMCH managers/supervisors. They also should have some time to review and respond. Finally, the task force sponsors should roll out the accepted final proposals to all DFMCH staff.

*Respectfully submitted by the Performance Development Task Force Team:*

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*Amy Grelle, Physician, Cross Plains*

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## Glossary:

- **Academic Staff** - a professional and administrative employee whose duties are exempt from the overtime provisions of the federal Fair Labor Standards Act (FLSA) and who performs work that is primarily associated with a higher education institution or its administration.
- **University Staff** - an employee who is non-exempt from the overtime provisions of the federal Fair Labor Standards Act (FLSA) and therefore is eligible to receive overtime for all hours worked over forty in a pay period.
- **CT – CT** means Clinician Teacher and refers to the Clinical Professor title series. The definition from the University’s Unclassified Title Guidelines is, “Responsible for the supervision of the clinical training of students. This function is used to describe instructional academic staff positions in the health sciences and other academic disciplines with clinical practices. Individuals appointed at the clinical instructor level may have qualifications and training comparable with faculty. Clinical titles must have approval of an academic department.” This is further defined in the School of Medicine and Public Health as “Clinician-teacher track faculty provide service through the provision of patient care as their primary responsibility. Medical student and resident education within the context of the clinical practice is expected. Clinician-teacher faculty may participate in research such as through the accrual of patients to clinical trials. Service may also be part of the role of the C-T track faculty, through participation in the governance of the department and the School of Medicine and Public Health, and through medical community service.”
- **CHS – CHS** means Clinical Health Sciences and refers to the Clinical Professor (CHS) title series. The definition from the University’s Unclassified Title Guidelines is, “Specifies members of the instructional academic staff engaged in clinical activities. These titles are designed for persons involved, for at least 50 percent of the time, in the direct provision of patient care in hospitals, clinics, pharmacies and associated with teaching clinical practices. While the appointee may be involved in some research, the time allocation will reflect heavy teaching and clinical demands. A CHS appointee generally will have the M.D., Ph.D. or other terminal degree. CHS series appointments must be made in strict accordance with the procedures specified for appointments in Center for Health Sciences divisions.” This is further defined in the School of Medicine and Public Health as “The CHS track faculty member contributes to the SMPH’s missions through a scholarly approach to patient care, teaching and/or research. Clinical activity requires demonstration of outstanding clinical performance combined with an in-depth commitment to furthering the knowledge base of practitioners in the region or nation. Clinical duties, which are primary and typically comprise at least 50% of the faculty member’s effort, include but are not limited to the provision of care to patients at UW Health or other locations, providing oversight of students and trainees in clinical settings within the academic health center, providing oversight, direction and training of other clinical practitioners in a clinical or community-based health care setting, providing leadership in the area of clinical training and clinical or community based care and/or leading efforts in areas such as comparative effectiveness, public health or biomedical informatics . The CHS faculty member will have an active role in the training/education of medical students, residents or other learners in a clinical or public health discipline. Consistent with the individual’s background, this position may pursue independent research as well as collaborate with other established researchers. CHS appointees generally will have the MD, PhD, or other terminal degree in the discipline in which they are appointed.”

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## **Appendices:**

Appendix A: Performance Management “Blocks” and “Ideals” Identified in the June, 2015 Opportunities Conference.....	Pg. 13
Appendix B: UWMF Performance Management Guidelines.....	Pg. 15
Appendix C: UWMF Manager and Employee Handbooks for Performance Development.....	Pg. 17
Appendix D: UW DFMCH Faculty Performance Evaluation Tools.....	Pg. 64
Appendix E: UW DFMCH Academic Staff Performance Evaluation Tool.....	Pg. 68
Appendix F: UW DFMCH University Staff Performance Evaluation Tool.....	Pg. 72
Appendix G: UW Performance Management Policy Effective July 1, 2015.....	Pg. 75
Appendix H: New UW DFMCH Academic Staff and University Staff Performance Evaluation Tools.....	Pg. 80
Appendix I: Task Force Interview Questions.....	Pg. 87
Appendix J: Interview Summary Themes.....	Pg. 88
Appendix K: DFMCH Professional Development Policy.....	Pg. 91