



BY JARROD SHAPIRO, DPM

How Are YOU Evaluated for Job Performance?

It should be about more than just productivity.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

This month's column is dedicated to all the doctors who are employees of someone else. If you're employed by another podiatrist, a group, university, or healthcare system of any sort, a periodic evaluation and assessment during the year is a known and expected part of the job.

The theme that runs across each of the podiatric career job evaluations at these various types of jobs is the difficulty in assessing performance in terms of clinical quality. Were you an effective podiatrist when working for these folks? Did your patients have good outcomes? Did you function within the practice or environment effectively? Did you interact well with patients and staff or were you an abusive jerk? How profitable were you as an associate for your bosses, and did you demonstrate consistent improvement over time?

An interesting article from Medscape discussed this issue, citing a high physician burn-out rate despite an even higher reliance on production bonuses.¹ The authors advocate for a different system, highlighting the Kaiser Permanente medical group's system as one model to improve physician motivation. Taking focus away from RVUs, tracking multiple types of data about their physicians' performance, reporting the data to the doctors, and emphasizing collaboration between physicians are



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some of the methods this organization has successfully employed.

Monetary collections should not be the only metric on which to evaluate physicians. Our jobs are very complex, so the assessment method must, by necessity, be multifactorial. Physician assessment must also include a method to help doctors improve and be a motivator rather than a contributor to burnout. Additionally, the assessment method must reflect the organization's goals, mission, and purpose. What might this method look like?

The Rules of Physician Assessment

Rule 1—Assessment should be well rounded—Physicians interact with patients, various assistants, other

doctors, administrators, etc. Some type of anonymous protected survey of all involved members of the care team interacting with the physician would provide a 360-degree evaluation. The focus of this aspect is obviously subjective and focused on interpersonal rather than technical skills. This type of assessment also helps to evaluate leadership aspects of the job.


Rule 2—There should be a special place for peer assessment—Who better to assess the skills of a doctor than another doctor? For a podiatric surgeon, having another surgeon do the evaluation would be highly effective. Obviously, the evaluating surgeon must be qualified to evaluate another

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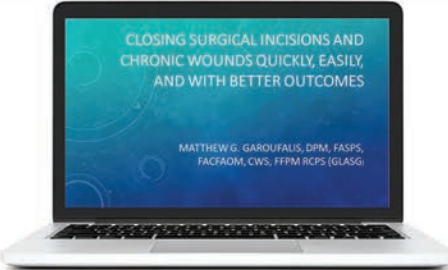
Featured Lecture



Closing Surgical Incisions and Chronic Wounds Quickly Easily and with Better Outcomes



Matthew G Garoufalis, DPM, CWS
Professional Foot Care Specialists, PC
Chicago, IL



In this Lecture...

Matthew G Garoufalis, DPM, CWS reviews the mechanism of wound closure. He discusses how wound edge tension can affect wound healing as well the importance of accelerated wound closure in patients with chronic wounds.

Lecture Link - <https://podiatry.com/lecture/103>

0.5 CECHs

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surgeon. The focus here would be on the technical aspects of the job. This is also a great place to build camaraderie and satisfaction within a group if that group meets regularly

and discusses—in a safe environment—their outcomes. Perhaps an additional aspect would be for a randomly selected number of charts to be pulled and reviewed in a way similar to ABFAS board certification. Clearly, this peer assessment method requires open minds and respectful communication.

Rule 3—Objective metrics should be part of the assessment—This is an easier and currently more common part of physician assessment. Profitability, volume, numbers of complications, on-time chart completion, and other metrics are easier to track and report than those listed in the first two rules. Similarly, patient outcomes can be objectified by using reporting methods such as the ACFAS Foot and Ankle Scoring System. This is usually used for research purposes but why not apply to it everyday patient care? Clearly, this would take a lot of work since there is an objective measurement and subjective patient survey component.

Rule 4—Observe the trends—The one issue with the University’s performance review method is it only compares the current evaluation to the one from the previous year. As someone employed by one institution for the past almost 10 years, there should be a comparison of all metrics over this period to see if one has shown a trend toward improvement or one of decline through the years.

The other question that stems directly from this is: what are the results of an evaluation? Keep the job? Earn a bonus? Adjust job responsibilities? A positive evaluation should, of course, have a reward while a negative evaluation would presumably have some result to help the physician improve, modify their job, or—in the worst-case scenario—remove the person from that job. Let’s all look on the positive side, looking to help all of us improve. **PM**

References

¹ Is Your Job Performance Being Evaluated for the Wrong Factors? Medscape. Feb 11, 2020.

Dr. Shapiro is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.