

MIDWIFERY WOR

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Effective Performance Improvement Plans

- A Performance Improvement Plan (PIP) should be implemented to aid in correcting performance challenges associated with the behavior, skills and expertise of employees. Its purpose is to help supervisors and direct reports resolve performance issues, it serves to communicate performance discrepancies when an improved level of performance is to be achieved, and describes the action steps that will assist the employee in meeting performance expectations.

Presenter Information

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Disclosures

- None. This is my own work and I received no financial support from anyone.

Credits

- This educational activity offers one hour (1) of CE credit. Please complete the session evaluation to receive credit.

Learning Objectives

- Understand the goals of a Performance Improvement Plan (PIP)
- Know how to frame the PIP for the recipient
- Appropriately delineate current behaviors
- Methods of measuring expected behaviors
- How management support is offered
- Expected time lines within the PIP
- Identify alternative outcomes

Why do we need a PIP?

- Poor hiring technique
- Poor training
- Environment changes (merger or acquisition)
- Personal situation of employee changes
- Personnel changes

Why do we care?

- Costs of turnover
 - Malpractice tails
 - Re-training
 - Short-staffing stress for current midwives
- Scarcity of midwives
- Stress on other midwives in the practice

Literature Review

- Basically no literature about midwives
- Limited literature about remediation for other medical professionals
- Best evidence looks at Workplace Based Assessment

Typical Attitude of Employee

- WHETHER YOU SIGN THE PIP OR NOT, YOU ARE PROBABLY GOING TO BE TERMINATED ANYWAY, UNLESS YOU GET ANOTHER JOB BEFORE THE SAND RUNS OUT OF THE HOURGLASS.

—TIM TOLAN (2015)

Employer Attitude

- Is that also your attitude? Is the PIP just a way to ensure that the proper paperwork is in place prior to termination?
- If so, how is the PIP written?
- If not, and there is a sincere desire to encourage remediation, how is that accomplished?

Primary Risk Factor for Remediation

- Statistically, those who are more self-focused are more at risk than those who are other-focused
- Self-focused midwives answer the question “Why is midwifery important to you?” with answers like “I like the challenge: I like figuring out how to care for women.”
- Other-focused midwives answer “I enjoy helping women.”

Template to Facilitate Structured Discussion (Prescott-Clements et al)

- Behavior in need of remediation may have many root causes, some within the control of the employer, some within the control of the employee, and some within the control of both
- As Example 1, consider the performance problem: Does not prescribe within clinical guidelines (WHAT the problem is).
- WHY there is a problem is often complex

Possible “why’s”

- Cognitive issues, including ignorance of professional responsibilities
- Attitudinal Issues
- Mental health issues
- Beliefs and values
- Poor insight and/or self-regulation
- Insufficient motivation
- Conflicts in the work place
- Personal issues (health or social)
- Professional stressors

Insight into stage of change

- Do you agree that prescribing within clinical guidelines is something you need to improve?
 - Employer listens to reasons given by employee and assesses readiness to change

Behavioral Intention

- How consistently do you think it is that you will be able to prescribe in line with clinical guidelines in your future practice?

Attitude (Instrumental)

- Do you feel that prescribing in line with clinical guidelines is a positive or negative attribute to have as a practitioner?

Injunctive Norm

- Thinking about your peers who you have the most respect for, do you think they approve or disapprove of prescribing in line with clinical guidelines?

Descriptive norm

- Thinking about your respected peers, how many of them do you think personally prescribe in line with clinical guidelines on a consistent basis?

Perceived control

- To what degree do you feel prescribing in line with clinical guidelines is under your control?

Self-efficacy

- Do you feel like you have the personal ability to consistently prescribe in line with clinical guidelines?

Salience

- How important is it to you personally to consistently prescribe in line with clinical guidelines in the future?

OR

- How much of a priority to you is being able to prescribe within clinical guidelines in your future practice?

Environmental Constraints

- Are there any barriers within your working environment which might prevent you from consistently prescribing in line with clinical guidelines?
 - Examples of barriers might include knowledge gaps, access to the guidelines, time to check the guidelines, or support

Opportunities to practice (habit)

- In your current role, how frequently do you have the opportunity to prescribe for clients?
- Are there any restrictions on your practice, or do you prescribe all drugs independently?

Example 2: Poor client records

- Midwives identified as maintaining poor client records may not perform adequately in this area because of:
 - Lack of knowledge about what constitutes a “detailed, contemporaneous clinical record”
 - Poor attitude/motivation, such as apathy
 - Unhelpful habits
 - Workplace environmental factors, such as a high workload or lack of time

Intrinsic vs. Extrinsic Motivation

- Extrinsic reasons to remediate may result in short term behavioral change
- Intrinsic reasons promote not only short-term, but also lasting change
- Identification of possible intrinsic reasons to change at the diagnosis stage facilitates successful remediation

Other factors to consider

- Age
- Experience
- Race
- Ethnicity
- Culture
- Intelligence
- Readiness to change (pre-contemplation, contemplation, planning, action)

Setting the stage (1)

- Plan is really to terminate, not remediate:
“The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance, reiterate **(company’s)** expectations, and allow you the opportunity to demonstrate improvement and commitment.”

Setting the Stage (2)

- Hope is to remediate, not terminate, unless employee is truly unable to be remediated:
“Staff and management at (company) appreciate the many strengths (midwife) brings to our team (e.g., jovial spirit, willingness to listen, belief in midwifery), and we would like to have her succeed as a midwife at (company) for many years to come. At the same time, in order to encourage growth and development of (company), some of her behaviors have raised concerns that need to be addressed. This is the reason for this PIP. “

Description of current behaviors requiring remediation (1)

- Clients have expressed concerns regarding: communication, attention to detail, observational abilities, plan of action/care, and accurate charting
- Staff have expressed concerns regarding precise communication and inappropriate staff requests for personal gain

Description of current behaviors requiring remediation (2)

- Two separate instances in which clients approached Clinical Director regarding discrepancy in charting from what they reported to have happened in an encounter.
- Employee asked fellow CNMs multiple times to write prescriptions for her
- Communication issues with fellow CNMs and staff, necessitating mediation over disagreements

Action Plan (1)

- Improve knowledge base of effective, therapeutic communication methods. In addition to these resources listed below, continue with knowledge acquisition of resources. Practice with director, through role play, ways to communicate through scenarios.
- Review ACNM recommendations for midwifery, AABC data, journal articles, WHO recommendations (resources listed).

Action Plan (2)

- Active listening is the part of therapeutic communication that helps to clarify the needs and problems of the clients. Accurately understanding these needs and problems can improve care. Therapeutic conversation techniques will be reviewed with the Clinical Director to help to foster client and staff conversation, until both Employee and Clinical Director feel comfortable in Employee's ability to communicate with confidence.

Action Plan (2) cont.

- Employee's medical care will be overseen by her PCP and will not be done at (company).
- SBAR communication will be utilized with clients, staff (both clinical and front office), consultants and the hospital to facilitate a closed-loop conversation and reduce safety or care concerns.

Timeline (1)

- Improve knowledge base of effective, therapeutic communication methods (30 days)
- Review ACNM recommendations for midwifery, AABC data, journal articles, WHO recommendations (30 days)
- Clients will express confidence in Employee's care. She will be able to demonstrate she is able to effectively communicate plans of care and goals. Will be able to confidently verbalize care with client, family, and staff.

Timeline (2)

- In the next 2 weeks, Employee will work with Clinical Director to role play situations to foster SBAR and therapeutic communication techniques.
 - She will be an active participant in role play and will also think of situations in which she feels she could improve upon her communication.
 - Scenarios will include: clinical care (i.e., antepartum, intrapartum, postpartum, GYN), CNM to CNM, CNM to clinical staff, CNM to front office, and CNM to Directors.

Alternative Outcomes (1)

Effective immediately, you are placed on a **60**-day PIP. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to **60** days. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination.

Alternative Outcomes (2)

- Ongoing observation will be done during the PIP. Major infractions (e.g., those that increase Company's liability exposure) could result in immediate termination. Minor infractions could result in: continued remediation, further PIPs, leave of absence or termination (if infractions continue despite efforts to rehabilitate).
- Consistent, corrected behavior will lead to full release from the PIP.

Alternative Outcomes (2) cont.

- The PIP does not alter the employment-at-will relationship.
- Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with the Clinical Director

Conclusion

I have received the Performance Improvement Plan and had an opportunity to ask my questions. My signature indicates only receipt of the PIP, not necessarily agreement with its contents.

Staff Midwife

Date

Discussion

Questions? Comments?

Resources

- Barrett A, Galvin R, Steinert Y, et al. BEME review of the use of workplace-based assessment in identifying and remediating under performance among postgraduate medical trainees: BEME Guide No. 43. *Med Teach*. 2016;38:1188–1198.
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