

Transcript - Peer Feedback: A Tool to Improve PA, NP, and Physician Collaboration and Clinical Practice

00:00:06

Welcome back to the podcast. This month we will be discussing a research article titled Here Feedback, a tool to improve PA, NP and physician collaboration in clinical practice, which was published by Alexandra Gallant. Laura.

00:00:20

Ben and colleagues, we have seen over the the last decades an increased use of PA's and NP's on.

00:00:27

Proteins, particularly as an integral part of hospitalists and emergency medicine core staff as a matter of fact, quoting this research article according to the Society of Hospital Medicine annual report 83.3% of surveyed hospital medicine medicine groups across the United States employed PA's and NP's this trend.

00:00:47

Creates an opportunity for growth for those clinicians and some important information can be gathered on all the team members, clinical skills to identify their strengths and weaknesses, which could in turn open the doors for additional training.

00:01:00

We all know how valuable constructive feedback can be to improve working relationships among colleagues Alexandra and Laura and their team were able to initiate appeal feedback platform in the Academy hospital system in order to improve collaboration among PAS and P's and physicians. Today, we're going to learn more from them. I can try and Laura, welcome. Thank you so much for coming on to the podcast.

00:01:22

For us today, we are very pleased to have you as our guest for this month.

00:01:26

Episode. However, before we get started with this topic, would you both take a moment to introduce yourselves? Can you guys tell us about your career, where you work clinically? And I would also like to hear one fun fact about you.

00:01:39

Thanks for having us. We're excited to be here. I'm Laura. And I'm lexie. We're both academic hospitalists at University of Florida Hospital in Denver, Co and we both actually split our time clinically on our inpatient services as well as our oncology urgent care. And we will have leadership roles within our division. I am the AP schedule lead.

00:01:59

There are 5070.

00:02:00

Fees and the Co chair for the division of Oncology Clinical Case Review series and I am one of the lead AP's for the division of Hospital Medicine and I'm also a director of provider experience and Wellness and recently became the director of AP Onboarding. Oh, and fun facts, what's the fun fact? My fun fact is that.

00:02:20

Office reporting. I'm going to go get.

00:02:22

A tattoo. My fun fact is that I read 92 books last.

00:02:25

Year.

00:02:26

Really made me feel bad about.

00:02:28

How excited I was that I read.

00:02:29

12 books costume well in in that case I need to up my games in book reading as well because last year only read 15 books. So I I see that I'm very behind so.

00:02:42

Or you just need to go get a.

00:02:43

Tattoo one or the other?

00:02:44

Yeah, exactly. I'm like us doing other offers. So either way, these ladies are they're outdoing my skills. I I have. I really have to get on the program.

00:02:57

What inspired you to conduct this research on PA&P and physician collaboration? Yeah, this all started back in 2019, January 2019, and I was talking to her about how I didn't feel like our review really captured the work I was.

00:03:11

Actually doing at that time.

00:03:14

I'm sure as is true, as many other academic institutions.

00:03:17

Arguably, view largely consisted of a platform in which you can upload like your July achievements lectures you've given awards, you've.

00:03:24

The leadership goals you've had, papers you've published, articles you reviewed and those that are really highly clinical or early in their career that may not have taken on a lot of extra projects. It doesn't really capture the work you're doing. You don't get feedback from the clinicians or nurses or team members. Maybe you get like an occasional like patient comment.

00:03:44

Word, but on the inpatient side and those that work in the hospital that's not as home and as I expect it might be if you're in the primary care office and you have a relationship with your

patient. So despite taking care of like hundreds of patients a year, I just didn't feel like that was like reflected in my yearly.

00:03:57

Review. So they're sharing my thoughts with her that I felt like this review wasn't really actually reflective of what I was contributing. She was like, well, Laura, I think you this is a great opportunity for you to find a way to.

00:04:07

Capture some of.

00:04:08

That work to find a way to do this. So I left my review thinking crap, have I just got myself into like a huge project and have to figure a way to capture my clinical work.

00:04:18

And walked back over to the hospital. Lexie was on another clinical team on the same floor, so sitting with her, talking about my review wave was like, I feel like I just might have, like, accidentally taken on something really big.

00:04:28

Like, I don't know. I'm going to do here unless he was like, I think I let's work on that kind of project with you. And so that's the perfect board peer feedback idea was board for us. We really feel like physicians, PA's nurse practitioners. We're all I think considered peers and kind of equal clinicians. And so for us.

00:04:49

Peer feedback is feedback between any one of those kind of groups of.

00:04:52

People.

00:04:53

We really focus on bidirectional feedback in our division. So that means like for us feedback between our.

00:05:00

Position colleagues and our NPA colleagues, so they each have equal opportunity to provide feedback to each other. The way our teams kind of work at University of Colorado is that basically for our clinical strategy, our physicians work Tuesday through Monday and our AP's work Monday through Friday. And so there's a four day clinical stretch where our

00:05:20

PSA's and physicians work closely together.

00:05:23

And so for us, at the end of that four day stretch, we wanted our physicians and PA's as practitioners to provide feedback to each other. At the end of the week on how that week went, what went well, what could have gone.

00:05:35

Better.

00:05:36

I found the Society of Hospital Medicine statistics interesting. Martin and I have both worked as hospitals PAS for many years. Therefore, we definitely understand what kind of teamwork that you're talking about and the challenges that I composed and also in some of the the fun parts that come with working with such an.

00:05:51

Team, according to the article that you mentioned in your article, more than half of hospital medicine groups across the country employ peas and NPC's. This means that they play a vital role in the team your platform to facilitate peer feedback hit on a missed opportunity to gather data on the working relationship between all of these different players in the team. Can you tell us how you develop the platform?

00:06:12

And why did you choose this method to launch your server?

00:06:15

Yeah.

00:06:15

Well, seriously, for us, we already had a platform that our entire division was using to give feedback to the different. Like various learners we have. So we have like an advanced practice fellowship at our in our group for peas and peas are interested in hospital medicine being at academic institution. We have like PhD students, medstudents residents. So we already were using a platform called my evals.

00:06:36

To have the faculty members give feedback back to the learner that they.

00:06:40

Working with and so it was a platform that already everyone in the faculty group was integrated into and we just had to like build another like space or another survey. People tech have where they already we already had everything uploaded to it, so it was kind of a natural expansion like what we already had going in the group.

00:06:56

That's great. So so the survey was sent to 101 PA, NP and physician faculty members in the initial focus group. The responses received were reviewed and analyzed, and as a result of this process, you created survey goals and questions.

00:07:11

What were the main goals of the survey and some of those questions?

00:07:14

Yeah. So kind of before we like dived into creating like our overall goals and questions we did that needs assessment survey. So that was sent to 100 and one of our faculty in doing that, we mostly wanted to make sure that like this wasn't the gap that just Laura and I were.

00:07:31

Feeling and that the rest of our division felt it as well.

00:07:34

And overall, we learned that 75% of the people who responded to that survey felt like that they received no feedback on their clinical skills after they leave training. So a huge number of the group felt like they were lacking in that kind of feedback that they wanted. And then 97% of the people that replied said that they would be interested in a peer feedback program and thought it would be helpful. So we kind of obtained our.

00:07:55

Ryan, first we then had.

00:07:58

Like a focus group to learn.

00:08:00

Sort of specifically what people would want in a peer feedback platform. And so one thing we learned is that people don't like like art scales as far as when it comes to feedback like that, ranking system is just very it's not very detailed. It doesn't provide you like very specific information.

00:08:20

It's like ohh great, I'm above average on my educational skills or something like that doesn't mean anything, so we wanted more kind of subjective information and then it we learned that it needed to be like very simple easy questions.

00:08:35

And we decided to make it not anonymous. So our surveys were not anonymous. And that was partly because we wanted to make sure the feedback was really timely and in order to blind something, we need to wait X number of evals to be filled out before we submitted them to the person. But also we wanted to kind of mimic what should be happening naturally and like.

00:08:54

You should be providing feedback to your colleagues like at the end of a stretch together.

00:08:58

Center. And so we wanted to kind of mimic that kind of natural like feedback process. So after we did the needs assessment survey our focus group, we just we created three goals and that was our first goal was to highlight our strengths and encourage each other to engage in ongoing clinical growth. The second goal was to facilitate thoughtful and respectful.

00:09:19

Feedback to our peers and the third goal was to create a successful and collaborative culture between our peers. So that was the goals of our platform and then the two questions were what are three things this person does well? What is one thing this person could improve?

00:09:32

On we really wanted to focus on like the positives of our working relationships with each other and like our skills that we're trying to build. We wanted to really like use this as an opportunity to like, improve our our culture and not to like lead to like a lot of nitpicking or anything which is why we focus on like 3 positives and like one thing to improve upon and again.

00:09:53

Very open-ended questions for people to reply, kind of as they wanted. We included a few prompts in our survey, so like they could choose to comment on like efficiency or teamwork or communication when they were answering those questions, but those were.

00:10:08

Our objectives of the program and then the two questions that were going to be in our survey.

00:10:14

That's great. I you know, I think I I was just so interested in this and such an important topic. You know. I did see though that like you, you conducted this research during the pandemic. What were some of the challenges that you felt like you encountered to complete the task? And do you think that the pandemic could have influenced or skewed that?

00:10:30

Data.

00:10:31

Yeah, I think as I'm sure for many people, code feels like a blur that was full years ago and yesterday. And so I think it's hard to comment on that part like exactly. I I think it probably had both a negative and a positive impact if we're being honest. I think in one way people were really stressed, overworked, overwhelmed and so like maybe didn't engage to the degree that they.

00:10:52

What has?

00:10:53

Outside of the pandemic, but I think also there was so much appreciation for your colleagues and we all kind of had like, for lack of better word, like trauma bonding during during COVID. And I think being able to have a a space to kind of share like some accolades for your teammate and like be able to kind of build people up with also like really amazing. So I think it.

00:11:13

You probably had a little bit of both a negative and a positive impact on our on our data, we're gonna be.

00:11:17

Honest. Yeah, I I totally understand that definitely.

00:11:22

So I also have a few questions regarding the methods that you used. I understand that you first surveyed a pilot group and your assessment was designed for PA's MP's and physicians. Why did you choose to create a pilot first? What area of practice did you gather that feedback on and where the question is the same for all.

00:11:39

The clinical roles.

00:11:40

Yeah. So we chose to do a pilot first currently because we wanted to make sure like the like electronics of the thing worked like the technical, yeah.

00:11:51

Rule out any.

00:11:52

Technical issues before we like submitted it to like 100 colleagues.

00:11:56

UM and got a bunch of emails back, so we did it for a 1 month pilot with our three medical oncology teams and again as I mentioned, our physicians work Tuesday through Monday, PP is Monday through Friday. So at the end of a four day stretch together, we would submit that peer feedback survey to them to fill out. And then we sat down with everybody.

00:12:18

Who were involved in the pilot and got just kind of informal feedback on it.

00:12:23

And overall, people really felt like it was a really positive experience. They really liked giving like kudos to their colleagues. They did say the not anonymous part made it a little bit awkward as far as providing, like, critical feedback. But they said still overall, they enjoyed the platform and would use it so.

00:12:43

We decided to not really make any changes after the pilot.

00:12:46

And then submitted it to our whole group. And yes, the questions are the same whether it's a physician giving feedback to a PA NP or a PNP, giving feedback to a physician. And then we rolled it out onto. So our medical oncology team, our hospitalist teams and our medicine consult teams. And since this whole program.

00:13:07

Started, we've expanded it to all of the other services we've made, but that was kind of like our initial.

00:13:11

I love that you kept the questions the same and really it embodies that pure notion of pure.

00:13:16

Feedback.

00:13:16

Yeah. We, we just really wanted it to be like bidirectional. It's equal. Yeah. Like, I feel like there's still, you know, some hierarchy obviously between like physicians, PA MP's and we really don't want that to like play a role if we can help it. And so we really wanted it to be the

same feedback. Well, I know we all live part of that. You know, the relationship you get as peers and then also still that innate.

00:13:37

Hierarchy that comes especially in academic Medical Center.

00:13:40

I thought one really cool thing about your article is that you did share some of the responses that your team gathered and could relate with a lot of them. Tell us about some of the common themes that you received in responses from both the PA's and NP's and physicians. What were some common positive responses and what were some areas that you were like? Oh, we have a.

00:13:54

Alright.

00:13:58

Little bit of work to do.

00:14:00

Yeah, so after this was live to everyone, to all of the people are using like 100 providers for three months. Our amazing teammate Warren, who helped us sell us the paper, he identified all the data for us. And then Lexie went through it independently just to kind of write down our own thoughts. So like, what were some things we saw and then got together to see if we both kind of agreed on that common themes and.

00:14:20

Mostly there was a lot of comments on people's like medical knowledge, their efficiency, their communication, their education, teaching, bedside and medication have to see a lot of the things that we had put as a prompt. People have like kind of used to take that and and make further comments. But it was interesting to see if there were some clear differences in what a VP's were.

00:14:40

Comment getting positive comments about versus MD's and the B tended to score positively in their areas like medical knowledge and efficiency, as well as their communication. And like their best.

00:14:49

Manner and the end's scored positively. Most interesting in in APC advocacy, which is not one of the prompts that we had put in our in our thing, but it was very common. It was very prevalent throughout the group that people were commenting that the MD's were the advocates, which I think speaks not only to the the culture in our group because we already do have a pretty good culture, but it was nice to see that that was independent of us.

00:15:10

Prompting.

00:15:11

But they also then use formal communication education, bedside manner and teamwork. People largely use the prompts we have provided, but the MD's getting a lot of comments from AP Advocacy wasn't something that we had necessarily expected to see, and the feedback was largely positive. Over 50% of people said they someone didn't have any areas of room for improvement.

00:15:31

But I think part of that is the fact that it's not anonymous and you're kind of more intending to say we want to say nice things for your colleagues, really harder to give, like something more constructive. And I think again, part of that might have been COVID times where people are saying like we're already all working hard enough, like, let's let's all just, like, raise each other up.

00:15:47

But there were definitely some constructive comments from people and I think most often we saw in in our group that that ET's got comments on improving their teaching best at teaching and their efficiency. And the entities got comments on efficiency. And I think overall that kind of speaks to like we're all working hard and we all want to try and like, do the work in a in a kind of more efficient.

00:16:07

Day as we came through the day, so it's helpful to have both colleagues working on that. But I think did speak to some interesting.

00:16:12

Friends of, like, there's probably some areas that we can work on as far as like improving. Maybe ADP's dealing with they are able to do it outside education. So when you're an academic institution, it's often that kind of like the default is that you allow the MD's a lot of that education and that API's kind of just like put the shoulder to the wheel and get the work done. So yeah, it was really interesting like reading through the trends.

00:16:33

And everything sounds like also you guys only positive things came out of this, you know feedback platform and it's helping the teams. I think order, hustle system should mirror this so as as.

00:16:44

Follow up, I found the results from the feedback platform insightful like I was saying and and the differences in the skills that PA, S&P's and physicians value in a teamwork was interestingly quite different. Can you highlight those findings for?

00:16:58

Us it was kind of like a fun like result that we got that we weren't really expecting. So yeah, we discovered.

00:17:01

You there?

00:17:05

Specifically, that physicians really appreciate PA's and nurse practitioners who are really thorough but efficient, are really knowledgeable and are like experts at kind of like hospital like complexity. So getting your patients kind of through their hospitalized.

00:17:23

And so that's what NP's PA's should like embody to get, like the most appreciation from their positions, and then vice versa. Our NPA's really appreciated physicians who gave them autonomy with, like a balance though, of like being great team players and like taking it.

00:17:42

On some of that workload, so kind of balancing those two pieces was really important. And then again that AP advocacy thing was like another positive that AP is really appreciated of their physician colleagues.

00:17:55

They think noticing those trends I think can help us build like stronger workforces like if we can on board and educate and train our apps to be like super efficient, really thorough, like really knowledgeable on the healthcare system like they're going to be the best assets for physicians. And if we make you know onboard our physicians.

00:18:15

To be really great, team players really allow their AP's autonomy, making decisions and really like advocate for their AP.

00:18:23

RP's are gonna be like most happy in those in those relationships. So I think it's like just really telling and is like helpful to I think make and build like better teams between positions and and peace EPA.

00:18:35

'S.

00:18:36

Oh, that's like the perfect build into our next question. You guys were describing some very objective characteristics of TA's and And's as we grow as professionals and how to be, you know, utilized as optimally as we can on the.

00:18:49

Your teams.

00:18:50

We know that you know many different health systems have different care models for their NPC's and PA's.

00:18:57

How do you think peer feedback could be utilized at those health systems to help create a team like yours and to really kind of bring everybody?

00:19:05

Up to their full potential.

00:19:07

Yeah, I think this kind of feedback like our hope would be that can only improve all team dynamics like it definitely had think has improved the culture within our group.

00:19:15

We actually presented this data at a grand rounds within our division last year. So the those like two years after the platform had been live at this point just to kind of give people like a state, what's the state of your feedback like? What are people getting? And we were presented basically kind of like what we found in our paper to the division. So everyone could see like what are the themes that feedback people are getting. And I think it was really like it really resonated with people.

00:19:37

To see.

00:19:38

That like ABS value X like AB value and these are AB advocates and like and NB's value and bees were like really efficient and know the hospital system. And we're gonna like really, you know, help be a great team player. And so it was, I think health able to see like the feedback you're getting individually is not just you like everyone appreciates that and like kind of helps.

00:19:58

Or for an MD like resonate like OK if I'm a better advocate like I'll be more valued on my team.

00:20:04

And so I think it was, it was helpful to like present the data to the group so people could see like maybe what you're getting individually is not just you, it's it's everyone as a division is gonna work on these things.

00:20:14

It also helps kind of say like, OK, like we were mentioning earlier like if a lot of the API's are getting feedback on like they could be better bedside educators and like is there a way that we can implement some teaching for the VP's within our division to become better and better educators and help them that kind of help?

00:20:30

Being able to show that that's a theme within your group cannot build like the culture that it's not you in a silo like everyone is. You could work on this part. And how can you like all kind of move up together? So I think having that feedback about like available people just helps kind of build that collaborative culture and bridge that if that makes sense.

00:20:48

You all have talked a lot about apps and teachers and educators and growing like in that role. And I know that you work.

00:20:55

In an academic.

00:20:55

Hospital do you think that this project would still be valuable to programs?

00:20:59

That are in community settings.

00:21:01

Yeah, I think like our hope and our belief is that is that is like impactful no matter where you're getting it, right. We realize that our team structure of having like the and the ATM like die out like that and a team kind of leads to having feedback be more like natural or seamless because if somebody.

00:21:16

We're set up.

00:21:18

So in other settings where maybe your care is not as like.

00:21:21

Directly overlapped and might take a little bit more planning or strategy to make that happen, but I think there's still opportunities for that, even if you're like in, say, like a private practice, if you're in like a practice specialty and like maybe the NDP is like, share a patient handle and they kind of trade off like they could be sees the patient if he encounters in the.

00:21:38

He sees then I think those are still opportunities like then maybe it's not direct observation of patient care, but like patients make that comment about providing you saw or you might read a note and have some feedback on maybe some clinical work that they did based off of the documentation that happened for that patient or you have MA's like nurses like you have other ancillary staff support within your clinic.

00:21:59

That is directly observing how you interact with patients, and I think that can be utilized for feedback even if it's not provided to provider. It's still like a teammate peer in that sense. And so our hope is that even if the structure isn't looks the same as it is in our division, that people can start to utilize like those around them that are working with patients to incorporate feedback into like their clinical.

00:22:17

Browse.

00:22:18

You know, I think I think it's so important to to note that I we've we've talked a lot about team and the team throughout your your paper and this discussion the APA has adopted the optimal team practice policy which is they define it. It occurs when PA's physicians and other healthcare professionals.

00:22:38

Work together to provide quality care without burdensome administrative constraints. This should allow a PA to practice to the full extent of their education, training and experience.

00:22:49

So what do you think the take home message here is? How can we use your results to improve clinical practice in a team based care model? Specifically, how is your research important to help the organizations integrate OTP for PA's into their system? What future research do you think is needed to further address the challenges of working relationships?

00:23:09

Among PAS MP's and physicians.

00:23:12

Yeah. I mean, I think the take home message here is that people are looking for feedback on their clinical skills. I mean that was like step one of our project.

00:23:20

To obtain the buy in and see what the gap was and everybody pretty much said that they don't feel like they get feedback after training and they wanted feedback. They wanted to hear from their peers like what they do well what they.

00:23:34

Could work on.

00:23:35

So I think that's like the biggest take home message overall. But I think with.

00:23:41

This OTP policy that the AP is putting in, they're really focusing on like team based care. So when physician PA&P teams like work closely together, I think we have the ability to create peer feedback platforms kind of more broadly and it's a really underutilized opportunity to be able to like achieve kind of.

00:24:01

Clinical Excellence or or really work at the top of your license at the beginning of our article we mentioned specifically like what Clinical Excellence is and it's actually like been something studied and there's nine pillars that make somebody clinically excellent and those are diagnostic acumen, knowledge, scholarly approach to clinical care.

00:24:21

Skillful navigation of the healthcare system, reputation, communication, and interpersonal skills, professionalism and humanism and passion for clinical medicine, and so our feedback platform, I think really hold out a lot of those pieces that lead to making somebody clinically excellent.

00:24:40

And creating a program like this at your institution I think could really help our apps really kind of like Excel and become the best clinician that they can be. I think before anybody wanted to integrate this at their institution, Laura kind of talked about like looking at your structure and like where there's overlap and where people could get feedback on their skills.

00:25:00

But I think it's also important to make sure that one like the culture is at your institution is like.

00:25:07

In a place where it could accept something like pure feedback because it is hard, I think to provide that position. PA feedback sometimes, and you would also want to make sure people like know how to give feedback. You know, I'm an academic institution. That's a big part of our training is how to give feedback to learners. So we already have some of that kind of like innately in our group. But like, how do you give feedback to a colleague in a way?

00:25:28

That's going to be like, beneficial and not hurtful.

00:25:30

So you need to think about those things before you'd apply it to your institution. And then, like for future research, for for stuff that like more and I want to do with our peer feedback program is we'd like to see it expanded like we're we're at a very specific model in our group. We'd like to see other people utilize it and see kind of the results that they get.

00:25:50

In addition, we know that we're missing some people in our group. This is mainly our day shifts that are getting this feedback. And so we know people who work nights or swing shifts or are kind of missing out.

00:26:00

Not, but we also just want to see this this work be kind of used more broadly and used to help create like, you know, faculty development programs and things to help us build our skills to become the best clinicians that we can be.

00:26:15

I think interestingly not that we know that this is any way related, but one of the.

00:26:21

That some of the junior ATVs and within our division actually have started an AP at night where people can go and, like, give a chalk talk informally to the other AV colleagues, have practice. So they have talked about kind of.

00:26:31

In their repertoire.

00:26:32

Before, they're like on rounds for people and.

00:26:34

By no means that we prompt this, but we do kind of like, you know, it's interesting giving this like these themes of what came out of this pure feedback, a lot of it was like these being better at bedside like educators and some of the younger ages in our group took it upon their like upon themselves to, like, create these ethnics that are like low, very, very informal, like go hang out with your colleagues.

00:26:55

Back to the Choctaw. Feel like you have some confidence around rounds and I think that's really awesome that that like whether this came out of it or not, it's great that people in our group are doing this. But I think hearing that you're not alone. Other people have like this gap it kind of helps it normalize.

00:27:08

That maybe this would be a good idea to like implement some like this so.

00:27:11

It's been really cool even just seeing, like the conversations that have come out of your feedback like we've talked about. Like should we try to like expand this? So like patient handoff stuff as far as like when you hand off the team like, do you give feedback like to the colleagues that the team for you and like so we're trying to think about like what are the next steps on it, but it's been exciting to have a lot of those conversations with our colleagues around like where can this kind of expand?

00:27:31

From.

00:27:32

There.

00:27:32

That's great. And I've learned so much from this article after reading and listening to you guys discussing it. And I think that it's very important to get feedback. There's no way you can improve or or, you know, when your skills, if you don't know what you're doing, right and what you need to improve on. So you don't know what you don't know.

00:27:52

I think feedback is very important and I'm always begging for feedback. I always ask my physicians don't.

00:27:57

Tell me it's all great or what I'm doing, right? But what I need to work on, because that's the only way I'm gonna get better, because then we remain stagnant. And I'm sure Kim is getting a lot of tips and ideas from you guys to implementing her owning the hospital, this team, because she's also, you know, leadership role in hospital medicine. So I'm sure she's.

00:28:17

She's getting all these the ideas.

00:28:19

Yeah, as I like to think one of the comments on like our initial like even needs assessment survey was like.

00:28:25

At the very least, I just get like some nice feedback on it. The worst I like figure out like like what they say, something like at the at the worst is that I just hear nice things and the best is that I find out something constructive I can work on or something to that degree. And it was like that's let me find it because it was so perfect. It was like so perfect. We'll find it. And we were just like that perfectly embodies like what we're trying to do here.

00:28:40

I know.

00:28:45

That's great. You guys sound very passionate about it and I like it.

00:28:49

Yeah, this one at the very least, it would be a nice boost and self-confidence and likely would result in actionable items for self.

00:28:55

And I was like, I love that. That's perfect. Like, you're right. The like, at the very least, you're gonna get some, like, a little taps on the shoulder and and you might find something that you can like constructively work on like, continue build yourself clinically. Yeah. So win win situation now and see how you're gonna go out at least you know because even if you're not told but it means you're still lack that skill or.

00:29:15

You're still not doing well in that in that on that side. So it's better to know and you can improve.

00:29:20

That's really.

00:29:20

Yeah. And I think our hope too is that as people do this, they used to having this structure, especially people come into our group like from outside institutions and and kind of realize this is the baseline culture like that some of this happens a bit more naturally like I know me myself I haven't been very good at filling out the server like our filling out our form sitting more than get auto send to us because I end up just chatting with the attending and working with at the end of the week and like hey.

00:29:41

Like what you think we did well this week and like next time we're together. What we do differently and like it kind of just ends up feeding into that natural conversation that allows you to kind of like make that as as a dialogue rather than like something just like submitting and and that's our hope is that it just becomes kind of more normal.

00:29:56

That's beautiful. Building yourselves, building your team and making it better for patients. That's perfect.

00:30:01

And I think one other thing. So Laura mentioned at the very beginning, this all resulted from her doing like her, like annual evaluation with our division head. Now we actually have like concrete like things to take to our annual reviews or for us in an academic institution.

00:30:17

To like advocate for promotion like we we have like data that we can show people like these are the last 10 like responses I've gotten from my physicians on how I work as like a clinician, here's the evidence that I'm doing. Good work. Here's the reason why I should like, promote or something like that. And so we didn't have that before and now you have.

00:30:35

Information that you've never had on like your clinical skills to be able to, to show people what you're doing. So thank you guys for showing as always, please be sure that you're following us on jappa on social media. That's at JAPA online.

00:30:50

And let us know your.

00:30:51

Thoughts about the topics we went over today?

00:30:53

Until next time.

00:30:55

Hello Jeppa podcast listeners we have some exciting news for the podcast. Listeners can now earn CME by listening to the podcast to receive your CME credit and access your certificate, just listen to the podcast and complete the post test and evaluation in APA's Learning Central at CME dot APA dot.

00:31:14

RT this is free for our APA members and available to non.

00:31:19

Members as well.

JAAPA

CME Podcast

00:31:20

We're looking forward to bringing you more exciting content with more discussions and author interviews. Follow us on social media by following Java that's at JAAPA online. Talk to you soon.

00:31:41

Well.