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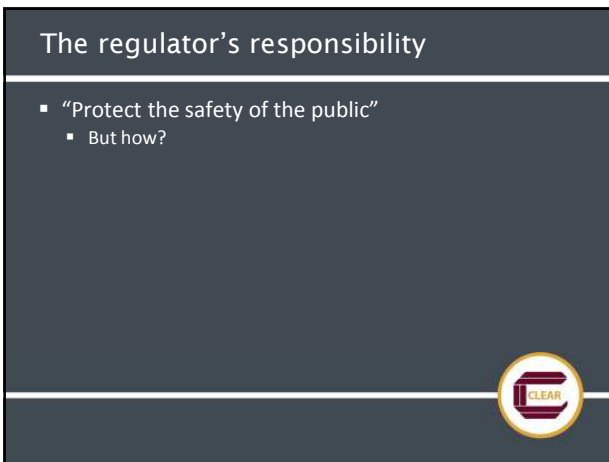
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### “Quality Control”

- “Minimum standard” model
  - If you are (minimally) competent, you are not our problem
- “Reactive” approach to protection
  - Intervene when problem becomes critical
- Can involve “passive” or “active” identification
  - Passively wait for complaints
  - Actively seek for performance issues
    - Assessments with pass scores
    - “Recertification models”



**“POLICING”**

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### “Quality Improvement”

- “Constant learning” model
  - Your job is to get better, our job is to help
- “Proactive” approach to protection
  - Intervene to avoid problems becoming critical
- Can involve “passive” or “active” intervention
  - Set conditions for people to self-regulate
  - Help people identify areas to work on
    - Provide and inform self-directed learning activities
    - Set limits as a mechanism for offering feedback



**“MENTORING”**

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### QC or QI (or both)?

- Models tend to be conflated and comingled
  - In legislation
  - In our thinking
- In a rational world, shouldn't matter
  - Make sure “data collection” is reliable and valid
  - Give feedback based on results and let practitioners self-direct based on this feedback (mentoring role)
  - Set off alarms if score goes too low and be more proactive in intervening (policing role)
- BUT... there is **nothing** rational about feedback



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A brief exploration into  
feedback and behaviour change



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In theory...

- Giving feedback sounds like it should be easy
  - Collect evidence regarding performance
  - Develop understanding of how individual could improve
  - Share this information with the individual
- (then accept the effusive thank you's with grace and aplomb)



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“Resistance” to feedback

- Humans are remarkably “immune” to feedback
  - EG, Lockyer et al (2007)
    - “Physicians seemed not to incorporate data from their colleagues, coworkers or patients into their self-assessment”
  - EG, Eva et al (2010)
    - “Students' opinions of the ratings they deserved provided better prediction of the generation of learning goals than did the examiner assessment”



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### Reasons for rejecting feedback

- Questionable credibility of data and/or source
  - Inconsistent with everything else I have been told
  - Disagree with assumptions, interpretations, priorities
  - Questionable motives of feedback giver
- Forces attention to things that are easier to ignore
  - If you make it explicit, I have to do something about it
- Threat to sense of self
  - The “narcissistic blow”



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### What doesn't work

- More and “better” data (Appeal to objectivity)
  - This is not about logic
- Stronger pressure to “believe” (Appeal to authority)
  - This is not about force or power
- Actually convincing them that they are bad
  - This is not about inducing depression



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### What does (okay, might) work

- Trusted guides and mentors
  - The “educational alliance”
- Refocus away from “self” and toward goals
  - Appropriate achievable challenges
- Support and distraction during steep part of the learning curve
  - (until learning becomes self-reinforcing)



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Implications for Regulatory Programs



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What are we trying to accomplish?

- Not just a change in behaviours...

A change in culture



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The culture change

- For practitioners
  - From goals of proving to goals of improving
  - From self-sufficiency to effective reliance on others
- For regulators
  - From policing to partnership in quality improvement
  - From better data to more effective guidance



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### What will get in the way?

- Culture of expert as:
  - Independent (the expert has all the answers)
  - Authoritative (doubt seen as weakness)
  - Autonomous (nobody should tell me what to do)
- Distrust of authorities
  - The mentoring/policing conundrum
- Our own personal myths:
  - That learning is inherently fun and rewarding
  - That we are rational beings (and others should be too)



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### UBC Centre for Health Education Scholarship

Shaping the theories and activities of learning in the health professions



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