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V4

# Physician Achievement Review Report For

Dr.

File Number XXXXX

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## Your achievement

Congratulations! You now stand among the growing ranks of Alberta physicians who have completed a Physician Achievement Review. Thank you for borrowing time from your practice to participate in PAR; we trust that the results recorded here repay that time by giving you a useful snapshot of your strengths and pointing out potential for improvement.

Reviewing these results, you'll note that PAR ratings cluster at the positive end. With more than 2,200 profiles complete, it's obvious that Alberta's skilled, dedicated physicians are highly regarded by patients, co-workers and colleagues. That's a dominant PAR finding, a message in which you can take pride.

Yet there's always room for growth. We urge you to join other PAR-reviewed physicians who are similarly mining this information to create the continuous improvement that is essential in a health care environment such as ours. As those colleagues are discovering, doing the right things right not only benefits patients, but opens up time to care for self and family.

All too often, "continuous improvement" remains an amorphous concept, too hazy to apply to daily practice. Your personal profile, by contrast, identifies concrete areas where you can most profitably focus energy. Beyond that, PAR is gleaning a growing body of "pearls", specific habits practiced by outstanding physicians. A few of those pearls are included in this document; you'll find others on the PAR Web site: [www.par-program.org](http://www.par-program.org).

As you ponder action plans in response to this profile, know that you are not alone. Support is available for the asking, from the College of Physicians and Surgeons, including its Director of Practice Improvement, and from many other sources. You'll find contact information at the end of this document. Do tap those resources!

If you have any questions or concerns about either the review process or your specific profile, be sure to alert Pivotal Research Inc., the independent firm that administers PAR. PAR has undergone extensive testing; physician feedback has spurred significant improvement.

Many thanks for your part in making the Physician Achievement Review a credible tool. Be assured, your investment in our common goal of lifelong professional development will reap far-reaching dividends, for yourself, for our profession and for all Albertans.

## What is the Physician Achievement Review?

The Physician Achievement Review is a key tool used by the College of Physicians and Surgeons to promote excellence. Launched in 1999 after extensive testing (see *The PAR pedigree: A short history* located at the end of this report), PAR uses surveys completed by your colleagues, co-workers and patients to provide a snapshot of your performance through the eyes of people who depend on you for care or information. This feedback enables you to build on strengths and identify habits that may be hampering your practice and impacting your life.

Like our patients, we continue to benefit from regular checkups. PAR helps us do this.

## Who participates in PAR?

Alberta statute requires every physician in the province to participate in PAR once every five years. About 1,000 doctors are reviewed in a year; each of them, in turn, asks eight physician colleagues, eight non-physician healthcare co-workers and 25 patients to assist in the review by answering a questionnaire.

Initially, PAR reviewed general physicians involved in substantial direct patient care. Modified questionnaires for other groups, particularly procedural and diagnostic specialties, are being developed with those specialists' input.

## What does PAR assess?

PAR questionnaires cover 15 attributes of your practice performance:

- Medical Colleague - Clinical Competency
- Medical Colleague - Psychosocial Management of Patients
- Medical Colleague - Patient Interaction
- Medical Colleague - Professional Self Management
- Medical Colleague - Consultation Communication
- Co-worker - Patient Interaction
- Co-worker - Co-worker Collegiality
- Co-worker - Co-worker Communication
- Patient - Patient Interaction
- Patient - Phone Communication
- Patient - Information for Patients
- Patient - Personal Communication
- Patient - Office Staff
- Patient - Physical Office
- Patient - Appointments

Several questions explore each attribute. Those groups of questions are both statistically and logically linked, adding credence to the findings. The specific topics covered by each responding group vary slightly, to capture the differing insights gleaned by patients, co-workers and colleagues.

## Why was PAR developed?

Alberta's doctors rank among the best in the world in training, expertise and commitment to excellence. Charged with ensuring that every physician continues to meet and even advance those high standards, the College of Physicians and Surgeons of Alberta found itself focusing instead on the small minority whose work attracts complaints. Realizing the importance of evaluating all physicians and identifying best practices for others to emulate, the College resolved to implement a review process to assess and highlight achievement.

## What does PAR accomplish?

PAR sets the stage for a culture of quality improvement among all Alberta physicians, individually and as a group.

- **For you as an individual**, this arms-length appraisal points out areas of excellence and potential areas for practice improvement. Using this information, you can design a self-directed program of professional development to improve your practice, and perhaps your life.
- **For all Alberta physicians**, PAR builds benchmarks for excellence while opening the door to a future in which appraisal becomes the norm. As we use these findings and see positive results, the realization grows that PAR provides insights about quality that many businesses go out of their way to purchase from highly paid consultants. Regular appraisal gives both the medical community and our patients confidence that Alberta's physicians put high priority on excellence. In this essential profession, excellence can mean the difference between life and death.

## Why survey so many people?

The multidimensional perspectives provided by patients, co-workers and colleagues gives you a rounded and reliable view of your practice. Such feedback is critical to the quality improvement cycle, which always involves measuring performance, analyzing the information, planning and implementing a response, then measuring performance again. Without feedback, we rely on our own perceptions, which may not match those of other people.

Assessment programs elsewhere find that physicians appreciate detailed, reliable feedback, particularly clarification about what others consider exemplary medical practice. Think back to your own training, when frequent observation and feedback from instructors, teachers and mentors shaped your

knowledge and skills. Just as that feedback used the benchmarks of learning objectives and performance standards, your PAR profile is displayed against the backdrop of scores received by other physicians in similar practices, allowing you to compare your standing against a norm.

## It's your call

While a gold mine of information, this profile is just one snapshot of your complex practice. It remains for you to assess the results in the context of your daily activity, to decide which issues are important to you and what changes are desirable and possible.

## How does the College use my profile?

In keeping with PAR's mission, this profile has one use: to promote excellence. You will take the lead in determining what that means for your practice.

## Are PAR results confidential?

Information contained in your PAR profile is strictly confidential and may be used only by you, for educational purposes. Surveys completed by the people you identified are held in confidence by Pivotal Research, an independent research firm. By law (see box), PAR results cannot be used in applying for privileges, in legal proceedings, in publicity or in advertising.

### Prescribed confidentiality

The *Medical Profession Act*, section 33.9 (2) and (5), reads as follows:

“(2) Information obtained by a registered practitioner under this Part [i.e., concerning the PAR Program] shall not be published, released or disclosed by the registered practitioner in any manner unless the information is

- published, released or disclosed in accordance with a direction of the Performance Committee, or
- released or disclosed to the legal representative of the registered practitioner in connection with proceedings under this Part.”

“(5) A person who knowingly publishes, releases or discloses information contrary to this section is guilty of an offence and liable to a fine of not more than \$10,000.”

## Does the College see my profile?

Most physicians' profiles are known only to Pivotal Research, the independent research firm that analyzes the questionnaires and administers PAR. Only a small number of profiles are seen by the Survey Subcommittee of the College. Profiles are chosen for committee review according to the number of commendation or information flags (see the next section for definitions) and the fullness of the information available from respondents. Those are the ones that might open the greatest opportunities for improvement or offer the best ideas for the rest of the profession. Even then, only one committee member will know the identity of each individual.

## What happens if my report is reviewed?

Pivotal Research provides the physician's name, address and telephone number to one member of the Survey Subcommittee. That person contacts the physician for an interview, asking questions that place the profile in context: Do the results make sense? What factors may have contributed to the results?

Next, the interview results are discussed by the Survey Subcommittee, but only one member knows the identity of the physician. The committee either formulates advice for the physician about self-directed improvement or it recommends referral to the Director of Practice Improvement. The Director of Practice Improvement may offer an individualized learning experience in the form of a peer practice visit. Such a visit is conducted by a colleague in similar practice who is trained as a peer reviewer.

A Peer Practice Visitor does not have access to the practitioner's survey profile or any other information arising from the committee's review. Feedback to the program indicates most physicians find a peer practice visit to be enormously helpful in defining their needs and identifying the resources necessary to make improvements.

## Can I request a peer practice visit?

Certainly! Pivotal Research will forward a copy of your report to the Survey Subcommittee upon receipt of your written request. Peer practice reviewers are specially trained to follow a protocol emphasizing PAR's constructive focus. To keep their feedback as objective and educational as possible, they are not told the reasons for their visit before the review.

## Interpreting your profile

In the graphs on the following pages, you'll find two distinct slices of information: your own scores and a comparison of your scores to benchmarks set by other Alberta physicians. The scores are broken into three sections, reflecting the feedback of each responding group: your medical colleagues, your co-workers and your patients. Finally, a two-page listing compares your self-assessment with others' perceptions and with the benchmark average for each question.

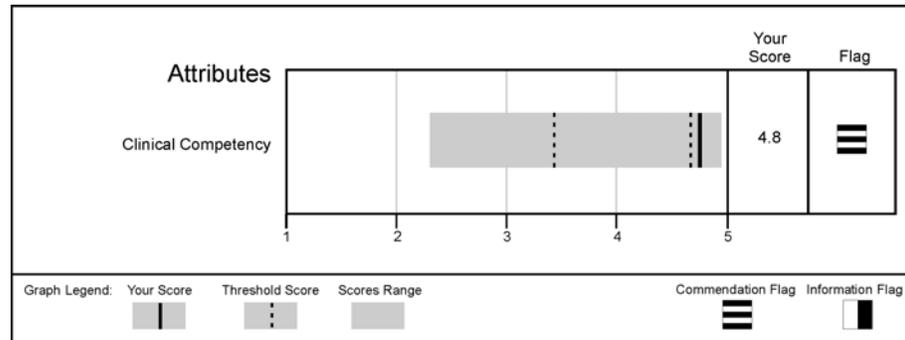
## Check your personal scores

"Your Score" gives your average (mean) response to each statement or attribute. PAR uses a five-point scale, with 5 as near perfect. Thus a 4 suggests your performance is perceived as above average. Because most people have a high regard for physicians, the typical profile is skewed to the upper end of the scale. It is important to recognize that small differences (such as 4.1 versus 4.5) may reflect important distinctions in the perceived quality of particular details of your practice.

Attribute and individual question results are not reported if an insufficient number of responses were received. These are indicated with an "NA".

## Benchmark your performance

Next, note how your scores compare with those of your peers. Each assessment section opens with a summary chart. On that chart, gray blocks show the range of responses physicians have received regarding each attribute. Within the bands, you'll see dotted lines indicating both the lower and upper thresholds defined as scores at the 10<sup>th</sup> and 90<sup>th</sup> percentiles. The bold line shows your average score. To review scores on the individual items that make up each attribute, turn to subsequent pages in the section.



## Read the flags

Adapted from internationally recognized nautical flag symbols, flags are used throughout the profile to signal areas deserving particular attention as you build your action plan.

 **Commendation flag.** Appears beside any score equal to or above the 90<sup>th</sup> percentile. Whatever you're doing to earn these flags, continue! And please, be generous in sharing your ideas when the PAR team comes calling.

 **Information flag.** Appears when a score is less than 4.0 and equal to or less than the 10<sup>th</sup> percentile. This flag indicates a potential area for improvement.

## Know yourself

Finally, remember that your PAR profile is neither a measure of your value as a physician, nor an assessment of your knowledge and skills. It represents the perceptions of a defined group of patients, colleagues and co-workers, structured to address specific aspects of your practice and provide more reliable feedback than is commonly available. To be effective, your action plan must blend this new information with your own priorities and perceptions.

### PAR Alert

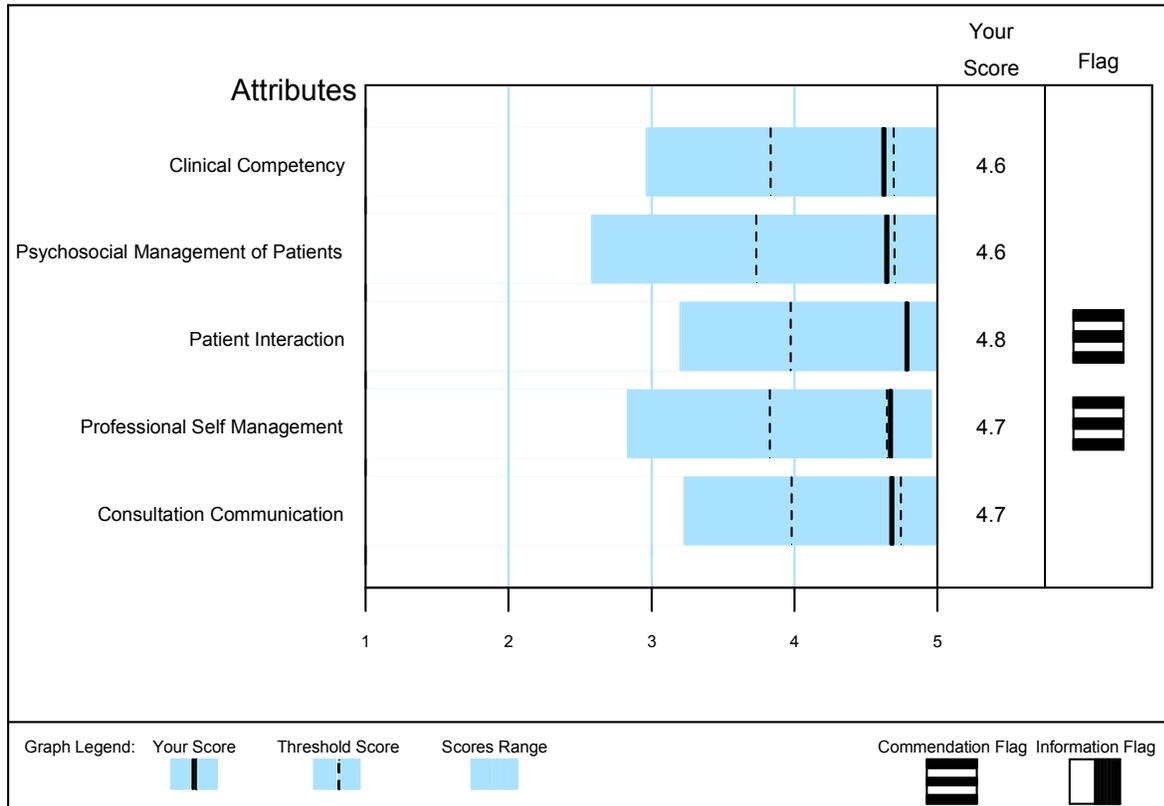
Peer practice visitors have noted these deficiencies in some charts:

- Diagnoses made without the support of recorded history and/or physical examinations.
- Abnormalities not properly considered in diagnoses.
- Unrecorded doses and quantities for prescribed medications.
- Lack of key information, such as risk factors, presence or absence of allergies, pediatric growth.
- Missing referral and consultant letters.

**Medical Colleague Assessment Section**

## Medical Colleague Assessment Section

The Medical Colleague Assessment contains 5 attributes as illustrated below. The table that follows shows the results for individual questions. Your scores are based on the responses of 7 Medical Colleagues from whom complete assessment forms were received and processed.



## Attribute Descriptions

### **Clinical Competency**

The physician assesses, diagnoses (using the appropriate technical procedures), and selects an appropriate treatment for the patient.

### **Psychosocial Management of Patients**

The physician relates social conditions to physical and mental health, thus resulting in appropriate referrals to non-physicians and other community resources.

### **Patient Interaction**

The physician communicates effectively with patients and their families in a manner that conveys respect and compassion and appropriately coordinates care for patients with other health professionals.

### **Professional Self Management**

The physician manages his/her own health care resources, professional development and stress.

### **Consultation Communication**

The physician communicates effectively to patients the steps needed for continuing care such as referrals to other health professionals and transfer of care to specialists and consultants.

***Clinical Competency***

The physician assesses, diagnoses (using the appropriate technical procedures), and selects an appropriate treatment for the patient.

Question	Your Mean	Flag
4 Within the range of services provided by this physician, he/she performs technical procedures skillfully	4.6	
6 Selects diagnostic tests appropriately	4.6	
7 Critically assesses diagnostic information	4.6	
8 Makes the correct diagnosis in a timely fashion	4.6	
9 Selects the appropriate treatment	4.6	
20 Manages patients with complex medical problems	4.9	≡
<b>Attribute Summary for Clinical Competency</b>	4.6	

***Psychosocial Management of Patients***

The physician relates social conditions to physical and mental health, thus resulting in appropriate referrals to non-physicians and other community resources.

Question	Your Mean	Flag
16 Recognizes psychosocial aspects of illness	4.7	
17 Makes appropriate use of community resources for psychosocial aspects of care	4.6	
18 Makes appropriate referrals for psychosocial aspects of illness	4.6	
19 Manages patients with complex psychosocial problems	4.7	
<b>Attribute Summary for Psychosocial Management of Patients</b>	4.6	

***Patient Interaction***

The physician communicates effectively with patients and their families in a manner that conveys respect and compassion and appropriately coordinates care for patients with other health professionals.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
1 Communicates effectively with patients	4.9	☐
2 Communicates effectively with patients' families	4.7	
21 Coordinates care effectively for patients with other health professionals and physicians	4.7	
22 Shows compassion for patients and their families	5	☐
23 Maintains confidentiality of patients and their families	4.7	
24 Respects the rights of patients	4.7	
<b>Attribute Summary for Patient Interaction</b>	<b>4.8</b>	<b>☐</b>

***Professional Self Management***

The physician manages his/her own health care resources, professional development and stress.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
5 Within the range of services provided by this physician, he/she demonstrates appropriate judgement	4.6	
10 Maintains quality medical records	4.4	
26 Is involved with professional development	4.8	☐
27 Accepts responsibility for own professional action	5	☐
28 Manages health care resources efficiently	4.6	
29 Manages personal stress	4.6	
30 Is aware of own shortcomings	4.9	☐
31 Participates in a system of call to provide care for patients outside of regular office hours	4.6	
<b>Attribute Summary for Professional Self Management</b>	<b>4.7</b>	<b>☐</b>

***Consultation Communication***

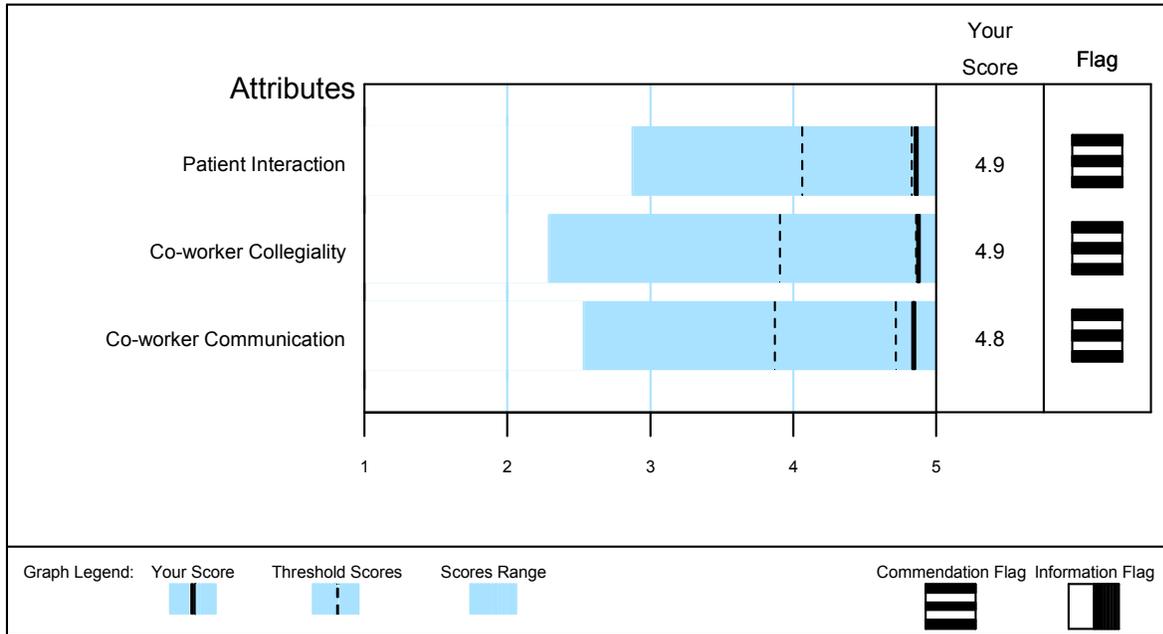
The physician communicates effectively to patients the steps needed for continuing care such as referrals to other health professionals and transfer of care to specialists and consultants.

Question	Your Mean	Flag
3 Communicates effectively with other health care professionals	4.9	≡
11 Handles transfer of care	4.4	
12 Refers patients in an appropriate manner	4.7	
13 Is willing to accept patient back from consultant for continuing care	4.8	≡
14 Provides a clear understanding about who is responsible for continuing care of the patient	4.6	
15 Communicates referral information to patients	4.5	
25 Collaborates with medical colleagues	4.9	≡
<b>Attribute Summary for Consultation Communication</b>	4.7	

**Co-worker Assessment Section**

### Co-worker Assessment Section

The Co-worker Assessment Section contains 3 attributes as illustrated below. The table that follows shows the results for individual questions. Your scores are based on the responses of 8 co-workers from whom complete assessment forms were received and processed.



### Attribute Descriptions

**Patient Interaction**

The physician communicates effectively with patients and their families in a nonjudgmental manner that conveys respect and compassion. The physician maintains confidentiality and is responsible for professional actions.

**Co-worker Collegiality**

The physician interacts and collaborates with co-workers in an effective, courteous manner, which recognizes their professional skills and knowledge.

**Co-worker Communication**

The physician provides clear written communication, including prescriptions, and is available for consultation with other doctors and community workers.

***Patient Interaction***

The physician communicates effectively with patients and their families in a nonjudgmental manner that conveys respect and compassion. The physician maintains confidentiality and is responsible for professional actions.

Question	Your Mean	Flag
1 Communicates effectively with patients	4.8	
8 Shows compassion to patients and their families	4.9	
9 Is non-judgmental of patients and their families	4.9	☐☐☐
10 Is courteous to patients and their families	4.9	
11 Respects the rights of patients to make informed decisions	5	☐☐☐
13 Accepts responsibility for patient care	4.9	☐☐☐
15 Is available to patients	4.6	
16 Maintains confidentiality of patients and their families	5	☐☐☐
<b>Attribute Summary for Patient Interaction</b>	4.9	☐☐☐

***Co-worker Collegiality***

The physician interacts and collaborates with co-workers in an effective, courteous manner, which recognizes their professional skills and knowledge.

Question	Your Mean	Flag
2 Verbal communication with other health professionals is effective	4.9	☐☐☐
5 Is courteous to co-workers	5	☐☐☐
6 Respects the professional knowledge and skills of co-workers	4.9	☐☐☐
14 Collaborates well with co-workers	4.8	
<b>Attribute Summary for Co-worker Collegiality</b>	4.9	☐☐☐

***Co-worker Communication***

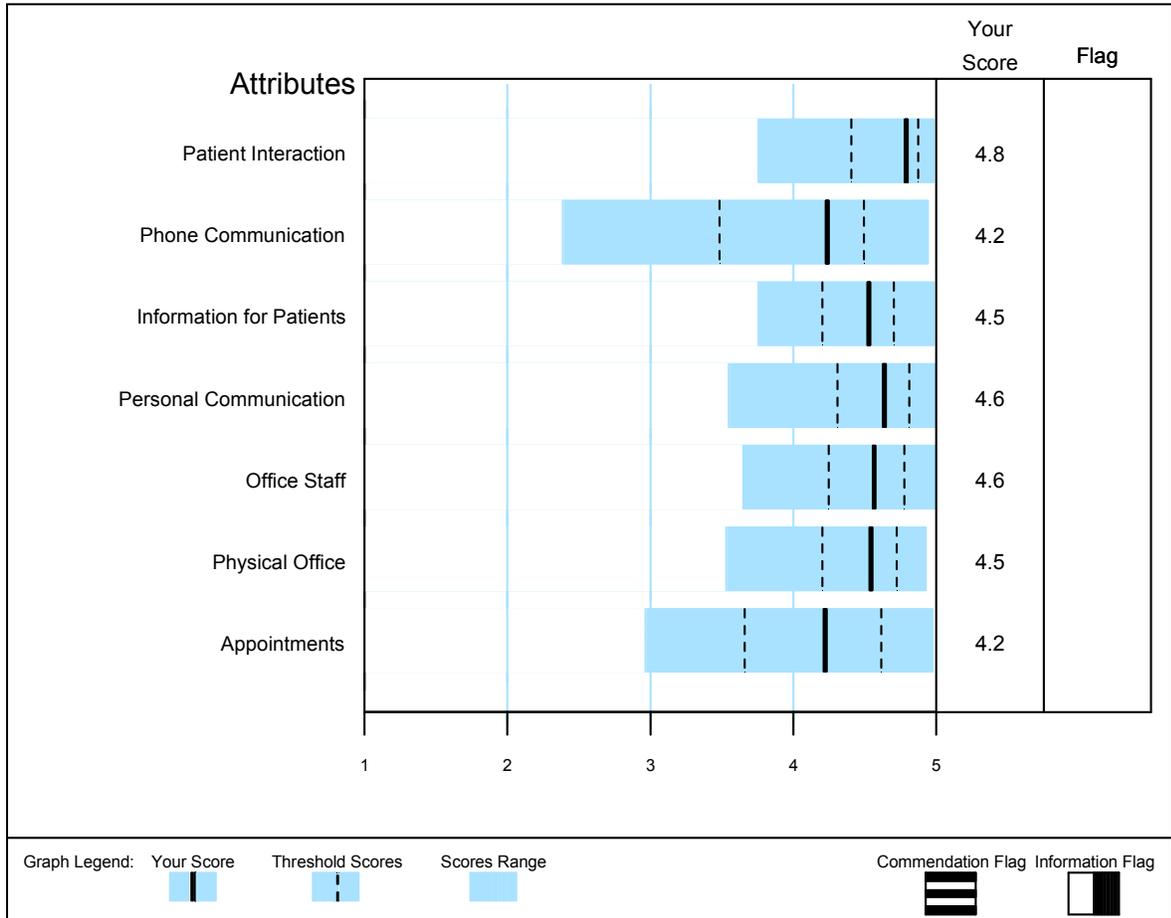
The physician provides clear written communication, including prescriptions, and is available for consultation with other doctors and community workers.

Question	Your Mean	Flag
3 Written communication with other health professionals is effective	4.8	
4 Writes prescriptions clearly	5	
7 Makes appropriate use of community resources for psychosocial aspects of illness	4.6	
12 Accepts responsibility for professional actions	5	
17 Available for consultation about mutual patients	4.9	
<b>Attribute Summary for Co-worker Communication</b>	4.8	

**Patient Assessment Section**

**Patient Assessment Section**

The Patient Assessment Section contains 7 attributes as illustrated below. The table that follows shows the results for individual questions. Your scores are based on the responses of 25 patients from whom complete assessment forms were received and processed.



## Attribute Descriptions

### **Patient Interaction**

The physician listens, answers questions and demonstrates interest, empathy and respect for the patient during an examination period. Patients indicate whether they would return to or refer a friend to the physician.

### **Phone Communication**

The availability of a doctor by phone after hours for urgent medical problems.

### **Information for Patients**

The physician provides proper information regarding medical problems, return appointments, reporting of test results, referrals to specialists, tracking of prescription and non-prescription medication and patient education.

### **Personal Communication**

The physician adequately explains illness/injury, preventative measures, treatment options, and medication regimen and side effects.

### **Office Staff**

The staff is pleasant, helpful, capable, professional and able to maintain confidentiality.

### **Physical Office**

The office is accessible, clean, private, and appropriately sized.

### **Appointments**

Appointments can be made quickly and wait time for scheduled appointments is not excessive.

***Patient Interaction***

The physician listens, answers questions and demonstrates interest, empathy and respect for the patient during an examination period. Patients indicate whether they would return to or refer a friend to the physician.

Question	Your Mean	Flag
7 Spends enough time with me	4.8	
8 Shows interest in my problems	4.8	
9 Asks details about my personal life, when appropriate	4.8	≡
10 Answers my questions well	4.7	
11 Examines me appropriately for my problems	4.8	
12 Treats me with respect	4.8	
13 Helps me with my fears and worries	4.7	
14 Talks with me about treatment plans	4.8	
39 I would go back to this doctor	4.8	
40 I would send a friend to this doctor	4.8	
<b>Attribute Summary for Patient Interaction</b>	4.8	

***Phone Communication***

The availability of a doctor by phone after hours for urgent medical problems.

Question	Your Mean	Flag
21 I am able to reach a doctor by telephone after office hours	4.2	
22 In urgent cases, a doctor is available by phone	4.3	
<b>Attribute Summary for Phone Communication</b>	4.2	

***Information for Patients***

The physician provides proper information regarding medical problems, return appointments, reporting of test results, referrals to specialists, tracking of prescription and non-prescription medication and patient education.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
31 When asked, my doctor provides reports, files, or copies of letters	4.5	
32 I am advised of results of tests or x-rays	4.3	
33 My doctor arranges appointments with specialists when necessary	4.7	
34 Someone from my doctor's office follows-up on any serious problems I may have	4.5	
35 I am told what to do if my problems do not get better	4.5	
36 My physician talks to me about preventative care (e.g., quitting smoking, weight control, sleeping, alcohol, exercise, etc.)	4.6	
37 My doctor asks regularly about prescription and non-prescription medicine I may be taking	4.7	
38 My doctor has printed health information available	4.6	
<b>Attribute Summary for Information for Patients</b>	4.5	

***Personal Communication***

The physician adequately explains illness/injury, preventative measures, treatment options, and medication regimen and side effects.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
1 Your doctor explained your illness or injury to you thoroughly	4.8	
2 Your doctor adequately explained your treatment choices	4.8	
3 Your doctor clearly explained your problem and how to avoid it in the future	4.5	
4 Your doctor explained when to return for follow-up care	4.6	
5 Your doctor clearly explained how and when to take your medicine	4.8	
6 Your doctor told you of any side effects of the medicine	4.3	
<b>Attribute Summary for Personal Communication</b>	4.6	

***Office Staff***

The staff is pleasant, helpful, capable, professional and able to maintain confidentiality.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
23 Is very capable	4.5	
24 Is helpful and pleasant	4.5	
25 Is respectful of patients	4.5	
26 Behaves in a professional manner	4.6	
27 Works well with my doctor	4.6	
28 Prevents patients from hearing confidential information about other patients	4.6	
<b>Attribute Summary for Office Staff</b>	4.6	

***Physical Office***

The office is accessible, clean, private, and appropriately sized.

<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
15 Is easy to get into (e.g. parking, wheelchair, etc.)	4.4	
16 Has sufficient waiting areas	4.6	
17 Examining rooms are adequately sized and have adequate equipment	4.5	
18 Is clean and in good repair	4.5	
19 Provides adequate privacy	4.6	
<b>Attribute Summary for Physical Office</b>	4.5	

***Appointments***

Appointments can be made quickly and wait time for scheduled appointments is not excessive.

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<b>Question</b>	<b>Your Mean</b>	<b>Flag</b>
20 It is easy to reach the office by phone during the day	4.2	
29 I can get an appointment quickly	4.3	
30 I do NOT wait long in the reception area for my appointment	4.2	
<b>Attribute Summary for Appointments</b>	4.2	

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## Self-Assessment Section

The ratings you gave yourself appear in the first column. Next is the rating you received from your medical colleagues. The column on the right reflects the average of assessments received by all physicians in your reference group.

Question	Self Rating	Medical Colleague Rating	Overall Average Score
1 I communicate effectively with patients	5	4.9	4.4
2 I communicate effectively with patients' families	5	4.7	4.3
3 I communicate effectively with other health care professionals	4	4.9	4.4
4 Within the range of services provided by me, I perform technical procedures skillfully	4	4.6	4.3
5 Within the range of services provided by me, I demonstrate appropriate judgement	3	4.6	4.4
6 I select diagnostic tests appropriately	3	4.6	4.3
7 I critically assess diagnostic information	3	4.6	4.3
8 I make the correct diagnosis in a timely fashion	3	4.6	4.3
9 I select the appropriate treatment	4	4.6	4.3
10 I maintain quality medical records	4	4.4	4.2
11 I handle transfer of care	4	4.4	4.3
12 I refer patients in an appropriate manner	4	4.7	4.4
13 I am willing to accept a patient back from a consultant for continuing care	4	4.8	4.4
14 I provide a clear understanding about who is responsible for continuing care of the patient	5	4.6	4.3
15 I communicate referral information to patients	4	4.5	4.3
16 I recognize psychosocial aspects of illness	5	4.7	4.3
17 I make appropriate use of community resources for psychosocial aspects of care	4	4.6	4.2
18 I make appropriate referrals for psychosocial aspects of illness	4	4.6	4.2
19 I manage patients with complex psychosocial problems	3	4.7	4.2
20 I manage patients with complex medical problems	3	4.9	4.2
21 I coordinate care effectively for patients with other health professionals and physicians	3	4.7	4.3
22 I show compassion for patients and their families	4	5	4.4
23 I maintain confidentiality of patients and their families	4	4.7	4.4

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24	I respect the rights of patients	4	4.7	4.4
25	I collaborate with medical colleagues	4	4.9	4.4
26	I am involved with professional development	3	4.8	4.2
27	I accept responsibility for my professional action	4	5	4.4
28	I manage health care resources efficiently	4	4.6	4.2
29	I manage personal stress	3	4.6	4.2
30	I am aware of my own shortcomings	4	4.9	4.2
31	I participate in a system of call to provide care for patients outside of regular office hours	5	4.6	4.3

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## Using your profile

This profile opens new ways of thinking about your practice, new ways of making it a success. Below are some action steps you may find useful.

1. Recognize your strengths and commend yourself for your achievements. If asked, agree to participate in a peer practice visit so that other physicians can emulate your best practices.
2. Do not be too disappointed if some of your scores were lower than expected. Physicians have a tendency to be hard on themselves if they perform less than perfectly. Yet, as we all know, perfection is a myth.
3. Think of your profile as a tool for setting priorities. Ask yourself:
  - Is there a gap between the quality of the health care I want to offer and what my profile suggests? If so, is that gap meaningful?
  - Do I need to change? If so, what, in particular, needs changing?
  - What action must I take to make that change happen?
4. Do not tackle everything at once. Rather, prioritize areas needing improvement, focusing first on those with greatest impact on patient care.

**PAR Pearl**

Quality improvement is a lifelong exercise. Do the most important things first.
5. View this opportunity to make changes in a positive light. After all, PAR assessments are intended to be constructive. Finding new ways to deliver services can be interesting and increase your pride in your practice.
6. Invest the time to determine if your profile identifies real problems, involving others who know how your practice works. You might want to discuss the profile with a colleague, your staff, your patients, your spouse. You might corroborate its main messages using other devices:
  - interviews with patients, co-workers, colleagues
  - staff meetings focused on profile findings
  - comment cards in your office
7. List possible causes of problems. Think of your practice as a healthcare system with many interdependent processes and elements:
  - Patients (those who use the system)
  - People (those who work in the system)
  - Provisions (supplies)
  - Places (work environment)
  - Procedures (methods / rules of work)

**PAR Pearl**

Problems are rarely the result of a single factor or person. It follows that solutions also require every “P” in the pod.

8. Avoid jumping to conclusions. Ask yourself, and others, “Where can things go wrong?” before deciding “What is wrong?” In real life, technology, people and processes are fallible; there is no perfect design.

9. When you identify causes, develop some likely solutions, such as adjusting the flow of patients, information and work, or accessing more resources. Sometimes, additional knowledge and skills are important. More often, the real issues are how much you are doing and how you are doing it.

**PAR Pearl**

Working harder at what you're already doing is rarely the right solution. It is usually true that everyone, including you, is doing the best job possible with available resources.

10. Before implementing any proposed solutions, estimate their feasibility and discuss the implications with those who will be involved. Then, before making any major changes, run a pilot test.

11. Set targets for specific aspects of care, and measure your results. It can be easier to measure quality than you think. If your profile highlights the amount of time patients are waiting as an irritant, measure that time. If it is the amount of preventative care provided to a target population, measure that. If it is patients' understanding of their diagnoses and treatment, measure that. If it is the content and timeliness of your letters, measure that.

**PAR Pearl**

All processes show inherent variability in performance. That's why we speak of average performance. Changes to average performance levels usually require a significant change in process. Normally, such changes are not made because of an unusual or infrequent occurrence, but to address longstanding concerns.

12. The information you collect and analyze about your own practice can benefit the larger healthcare system. Share what you learn with the profession and health administrators, so the system can benefit.

**PAR Best Practice Pearls**

- If you do not always have a third party present, post a notice advising patients of their right to request a chaperone during sensitive examinations.
- Make it clear to patients that you want to be involved in continuous and comprehensive care. Failure to do so can mean lost opportunities for follow-up, prevention or mitigation.
- Store “critical value” lab results at the front of a patient's chart to serve as a reminder of special risks.
- Consider scheduling office visits specifically for medication review, which can prove rewarding for both physician and patient.

## The PAR pedigree: A short history

**1992:** Strategic planning by the College of Physicians and Surgeons of Alberta highlights growing emphasis on physician competence. That realization prompts the College to take a fresh look at its role in monitoring excellence, with an eye to retaining public confidence in the College's self-regulating ability while fostering a culture of continuous improvement.

**1995:** The College creates a Physician Performance Advisory Committee, with members hailing from the two Alberta medical schools, the Alberta Medical Association and the public. The committee establishes an evaluation model and designs questionnaires in consultation with physicians.

**1996:** PAR questionnaires are tested and refined by survey experts; reviewed by focus groups representing patients, physicians and other health care workers; then pre-piloted by the University of Calgary with 28 volunteer physicians.

**1998:** Following further refinement, a pilot test involving 308 physicians finds PAR questionnaires reliable and valid as multi-dimensional assessment tools.

**1999:** PAR is implemented for all Alberta physicians. Administered by the independent research firm CIS Research Centre (now Pivotal Research), the review process aims to provide the constructive feedback required for continuous improvement, a focus supported by a Director of Practice Improvement and an inventory of educational resources that is available to all Alberta physicians.

**2000:** By year-end, more than 1,000 physicians have received PAR profiles. Those scoring in the upper and lower 10 percent receive additional attention, with the aim of fostering excellence through example and education: 195 have been interviewed by physician members of the College's Survey Subcommittee, 52 of those were referred to an Assessment Subcommittee for more in-depth review, and 34 of those received peer practice visits. By now, the PAR package has been refined three times in response to participant feedback.

"The College of Physicians and Surgeons of Alberta, by accounting for the expectations of people other than physicians in the assessment tools of the PAR, has shown significant vision and strategic courage... we may be seeing a groundbreaking initiative."  
*Vahé A. Kazandjian, Ph.D.*  
*CMAJ 1999*

**2001:** PAR tools are adapted for surgeons following a pilot test conducted by the University of Calgary the previous year. New norms are created so that surgeons are compared to their own peer group. Pilot testing begins for anesthesiologists.

**2002:** Pilot testing begins for psychiatry, pediatrics and other medical specialists. Revised tools are in use within the year. PAR is externally evaluated and the Physician Performance Advisory Committee adopts recommendations to enhance the program.

**2003:** New norms are created for general practitioners based on 764 physicians who received complete reports in the past two and one half years. New norms are also created for pediatricians, psychiatrists and other medical specialists so that each group is compared to their own peer group.

**2005:** New norms are created for anesthesiologists to enable comparison to their own peer group.

## Where can I turn for help?

The PAR website at [www.par-program.org](http://www.par-program.org) is a good place to start. There, you'll find the pearls of wisdom gained from high scoring physicians, contact names and links to other Continuing Medical Education websites.

The following individuals also stand ready to consult with you and point to other resources for developing and implementing your own unique action plan.

To ask about the PAR program or to request a review, contact:

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To connect with the Director of Practice Improvement, write to:

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To find out more about how your report was prepared, contact:

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