



HR Advancement Center

# HR's Guide to Accurate Evaluations

# HR Advancement Center

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# Executive Summary

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## **Why It's a Problem if *Every Staff Member Gets an "Above Average" Performance Review***

As a health care HR leader you may wish your organization didn't have quite so much in common with the mythical town of Lake Wobegon, where "all the children are above average." But many health care organizations see a similar pattern with their employees – nearly all are rated "above average" in annual performance reviews.

The problem is that while all performance *ratings* might be above average, not all employee performance is as strong. Inaccurate or inflated performance ratings make it nearly impossible to fairly link merit increases or bonuses to annual reviews, identify true top talent, and provide feedback and strategic support for staff who really need to improve performance. Inaccurate ratings also undermine even the most effective performance management systems—and make employees think performance reviews are not trustworthy or worthwhile.

## **The Three Main Challenges That Prevent Leaders from Rating Accurately**

There are three top reasons leaders struggle to accurately rate their staff:

- Leaders simply don't know how they "grade" compared to other leaders—are they easy or tough graders?
- Leaders often inflate performance ratings to avoid having difficult conversations
- Leaders often aren't asked to justify ratings that fall outside the expected distribution of scores

The good news is leaders can overcome these challenges—and HR staff play an important role in helping them do so.

## **How HR Can Help Leaders Rate More Accurately**

This guide gives you the resources you need to help your organization's leaders rate more accurately. It includes tools to ensure leaders apply the rating scale consistently (even across departments and disciplines), empower leaders to conduct potentially difficult conversations about performance, and double-check ratings through performance calibration sessions.

We recommend using all seven tools, but a resource-pressed HR team can still significantly improve rating accuracy by starting with these:

- Tool #1: Rating Scale Practice Session
- Tool #2: Difficult Feedback Role-Play
- Tool #3: One-on-One Conversations with Managers About Their Ratings

# Resources Available Within the Accurate Evaluations Series

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*HR's Guide to Accurate Evaluations* is one of two toolkits in our series on accurate performance evaluations. Each toolkit is written for a different user. This toolkit is intended for HR leaders; the companion guide, *The Manager's Guide to Accurate Evaluations*, is for anyone in a management role. While the two guides complement one another, they both stand alone and can be used independently.

The specific tools in each guide are listed below. You can access these toolkits through our website at [advisory.com/hrac/HRaccurateevaluations](http://advisory.com/hrac/HRaccurateevaluations) and [advisory.com/hrac/manageraccurateevaluations](http://advisory.com/hrac/manageraccurateevaluations). There you can download the full toolkits and editable versions of some of the tools.

## **HR's Guide to Accurate Evaluations**

- Tool #1: Rating Scale Practice Session
- Tool #2: Difficult Feedback Role-Play
- Tool #3: One-on-One Conversations with Managers About Their Ratings
- Tool #4: Get Leadership Buy-In for Calibration Sessions
- Tool #5: Design the Right Calibration Session for Your Organization
- Tool #6: Calibration Session Planning in Five Steps
- Tool #7: How to Lead Effective Calibration Discussions

## **The Manager's Guide to Accurate Evaluations**

- Tool #1: Five Tips for Rating More Accurately
- Tool #2: Prepare a Watertight Outline for Delivering Difficult Feedback
- Tool #3: Keep Difficult Performance Conversations on Track
- Tool #4: Quick Gut-Check of Staff Ratings
- Tool #5: Calculate the Percentage of Your Staff Rated "High, Middle, and Low"
- Tool #6: How to Adjust Staff Ratings to Reflect Performance Differences
- Tool #7: Build a Case for Keeping Your Rating Distribution

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*Section I*

## Remove Barriers that Prevent Leaders from Rating Accurately



# Tool #1: Rating Scale Practice Session

**Overview:** This guide prepares facilitators to lead a case study-based practice rating session.

**Intended User:** Workshop facilitator.

**Goal:** To improve the consistency of performance evaluation scores by giving leaders an opportunity to collectively rate and discuss the performance of an employee described in a case study.

**Estimated Time Required:** 30 minutes to prepare; 1 to 2 hours per workshop.

**(Optional) Additional Resources to Bring to the Practice Session:** Consider bringing relevant copies of your performance management criteria for the case study you will discuss. Depending on the case(s) you select, these could include: behaviors included in your frontline staff evaluation forms, leadership competencies included in your nurse manager evaluations, nurse manager job description, and nurse manager performance evaluation form.

**Available Online:** To access an editable version of the case studies, visit [advisory.com/hrac/HRaccurateevaluations](https://advisory.com/hrac/HRaccurateevaluations).

## Nuts and Bolts of the Rating Scale Practice Session

- The purpose of the workshop is to teach leaders to consistently apply your organization's rating scale.
- Logistics:
  - Limit total session to **no more than 2 hours and approximately 25 participants**
  - The recommended workshop agenda is:
    - Introduction: 5 minutes
    - Participants read and review first case study: 10 minutes
    - Group discussion of first case study: 20 to 25 minutes
    - Participants read and review the second case study: 10 minutes
    - Group discussion of second case study: 20 to 25 minutes
    - (Optional) Participants read and review third case study: 10 minutes
    - (Optional) Group discussion of third case study: 20 to 25 minutes
- This guide includes three case studies. Start with the case study that best describes the employee that participants are most likely to review in the next evaluation period. The case studies offer the option to evaluate:
  - A frontline nurse (Fareed)
  - A nurse manager (Rhonda)
  - A frontline patient registrar (Lucy)
- As a workshop facilitator your role is to manage time and guide participants through reading, analyzing, and discussing each case study. The workshop is most effective when you help participants arrive at the same, accurate conclusion about how to evaluate the case study employee(s)—without giving away the answers. To do this, make sure you are familiar with each case study so you can ask probing questions (e.g., Why do you think Fareed has great customer service?) and be prepared to agree or disagree with examples of behaviors that participants might suggest in response. This will help you keep discussion on the right track while still spurring participants to think critically about the cases on their own.

# Tool #1: Rating Scale Practice Session

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## 1 Introduce yourself and the goal of the workshop

At the start of the workshop, introduce yourself and explain the goal and structure of the workshop.

Key points to include:

- The goal of the workshop is to ensure all leaders apply your organization's performance rating scale in the same, fair, and accurate way.
- Why it is important to practice using the rating scale:
  - It helps all leaders apply the rating scale in the same way.
  - It boosts leaders' confidence in how they evaluate staff performance.
  - It is an opportunity to learn how other leaders use the rating scale.
- How the workshop will run:
  - Participants will independently review a case study that describes the performance of an employee.
  - Using your organization's rating scale, participants will evaluate the employee's overall performance.
  - The facilitator will lead a group discussion with participants about how they rated the employee in the case study and their reasons for selecting their rating.
  - The group will try to reach consensus on what rating to give the employee in the case study.

## 2 Distribute materials for the first case study (frontline nurse Fareed) to workshop participants

Hand out the first case study, found on pages 27 and 28. It is also helpful to provide each participant with a list of the behaviors included in your organization's frontline staff evaluations. (Note: If you prefer, you can use the Advisory Board's Frontline Staff Behavior Model on page 33 instead.)

Briefly review the frontline staff behaviors as a group. To ensure everyone is familiar with how to evaluate the behavioral criteria (and to break the ice), ask participants to give specific examples that would exemplify top performance—and worst performance—for each behavior.

## 3 Ask participants to read the case study and rate the employee it describes

Give participants approximately 10 minutes to read the case study. Ask them to rate the employee and underline or circle three to five specific examples from the case study that support the rating they selected.

## 4 Facilitate a group discussion of the first case study

Follow the discussion guide (and answer key) on pages 14 through 16 to facilitate a 20- to 25-minute discussion about how participants rated Fareed—and their reasons behind the rating they selected.

# Tool #1: Rating Scale Practice Session

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## **5 Distribute materials for the second case study (nurse manager Rhonda) to workshop participants**

Hand out the second case study, found on pages 29 and 30. It is helpful to provide each participant with copies of your organization's nurse manager job description and performance evaluation form. If not contained in the job description or evaluation, hand out your organization's leadership competencies for nurse managers as well. (Note: If you prefer, you can use the Advisory Board's Leadership Competency Model on pages 34 and 35.)

Briefly review the leadership competencies as a group. To ensure everyone is familiar with how to evaluate the competencies, ask participants to give specific examples that would exemplify top performance—and worst performance—for each.

## **6 Ask participants to read the case study and rate the employee it describes**

Give participants approximately 10 minutes to read the case study. Ask them to rate the manager it describes and underline or circle three to five specific examples from the case study that support the rating they selected.

## **7 Facilitate a group discussion of the second case study**

Follow the discussion guide (and answer key) on pages 19 through 21 to facilitate a 20- to 25-minute discussion about how participants rated Rhonda—and their reasons behind the rating they selected.

## **8 (Optional) Repeat steps 2, 3, and 4 for the third case study (frontline patient registrar Lucy)**

Note: you can find the third case study to hand out to participants on pages 31 and 32, and the facilitator's discussion guide and answer key on pages 24 through 26.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #1: Frontline Nurse Fareed

**Note for the Facilitator:** The case study below is identical to the one you will share with participants (found on pages 27 and 28) with one exception: the underlined words at the end of each sentence summarize the behavior described in the preceding sentence. You can use the underlined words in two ways:

1. To prompt the group to reflect on Fareed's performance in a certain behavioral area. For example, "Do you think Fareed is reliable? What makes you think so?"
2. To help crosswalk the case to your organization's behaviors. This can be helpful if you want the group to practice rating specific behaviors in an evaluation.

You are Fareed's manager. Fareed has been with General Hospital for almost six years and has been a nurse in your Med/Surg orthopedics unit for the past two years. As you prepare to complete his annual performance evaluation, you reflect on his performance over the last 12 months. Most of your information comes from direct interactions with Fareed, including your rounding and one-on-one monthly check-ins.

Fareed is a dedicated employee who cares deeply for his patients and peers. This is evident in all he does. Fareed is always on time, he begins his duties promptly, and he uses his time wisely during his shift (Reliability). His patient rooms are always neat and well organized, making it easy and safe for him to do his job quickly. Fareed always has time to help out his co-workers when they are in need (Teamwork).

Fareed is a dedicated preceptor that new graduates love to work with (Teamwork). Sarah, a new nurse in your unit and one of Fareed's preceptees, told you that when she was rounding with Fareed last week he saved a patient from a potentially dangerous situation (Safety, Customer Focus). According to the EMR, the patient was due for Coumadin. Sarah washed her hands and was about to get the Coumadin, when Fareed stopped her. He noticed that the patient had a bottle of baby aspirin sitting on the table beside his bed and was surprised because this wasn't allowed. Fareed asked the patient if he was taking the aspirin and if he had informed the staff about the medicine at admission. The patient told Fareed he takes his aspirin every day and his doctor should know. Fareed checked the EMR and did not see aspirin ordered or listed in the patient's medication reconciliation form, and there was no note about it. Fareed told Sarah to hold off on administering the Coumadin and calmly told the patient that the aspirin could be dangerous in combination with the other medications he was taking (Safety, Customer Focus). Fareed assured the patient that they would get it all straightened out and immediately called the physician (Communication).

Fareed's own patients frequently compliment his empathetic and sensitive manner (Communication). An elderly patient last month told you that Fareed gave her strength during the most difficult time of her life. He stayed an hour past his shift, on his own time, to sit with her several nights until her daughter could visit (Customer Focus).

Fareed completes his rounding on time each shift, but his documentation needs work (Reliability, Communication, Safety). He writes down information on "cheat sheets" or little slips of paper during his shift and then goes back to document at the end of the shift. This means he sometimes fails to document important information in a timely manner. You spoke to him about this issue six months ago. He took the feedback seriously and has improved, but he still has days when he doesn't record information properly. You've been thinking about how to help him improve his documentation.

# Tool #1: Rating Scale Practice Session

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## Facilitator's Case Studies and Discussion Guides

### Case #1: Frontline Nurse Fareed (cont.)

About four months ago, Fareed told you he was concerned that visitors were attempting to assist patients in getting out of bed without being trained by a nurse (Safety, Customer Focus). Fareed said that this had caused two patient falls in one week (Critical Thinking). He suggested the unit implement a “visitor education” program including posters, pamphlets, and verbal reminders instructing visitors how to assist patients in getting out of bed and when they should not assist patients at all and call a nurse instead (Critical Thinking). He designed posters and put up a notice at the admitting desk so visitors would see the policy right when they come in to the unit (Communication). And with Fareed's help, you instructed all nurses to teach visitors the proper patient assistance technique (Teamwork). As a result, falls in your unit are down 15% over the past month (Safety, Customer Focus).

In January, Fareed asked for your support in speaking to Dr. Fox, the head of your unit's interdisciplinary team, about a patient. Fareed felt that the patient was not showing any more clinical progress and that the team had done as much as they could for him. Fareed thought the patient would be better served in a rehab facility (Customer Focus, Critical Thinking). You trust Fareed's professional opinion and so do the other nurses on the team (Reliability), but Fareed seems to struggle with speaking up in this interdisciplinary group. He knows so much and his peers respect him, but he doesn't contribute as much as he could around Dr. Fox. You talked with Fareed about approaches to speaking with Dr. Fox, who can be less than receptive to staff input (Communication). You and Fareed agreed to speak with Dr. Fox together. Fareed was intimidated at first so you had to jump in and help guide the conversation (Communication). In the end, Dr. Fox respected Fareed's opinion and said he would discuss the options with the patient and his family (Customer Focus).

# Tool #1: Rating Scale Practice Session

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## Facilitator's Case Studies and Discussion Guides

### Case #1: Frontline Nurse Fareed (cont.)

#### Answer Key

**Suggested Overall Rating:** 4 (on a 5-point scale), 3 (on a 4-point scale), 2 (on a 3-point scale)

**Overall Rating Summary:** Fareed is a strong performer with only a few areas that need improvement. He has a proven track record, which inspires confidence that he will keep improving. His work as a preceptor and his actions to improve patient safety show he is a team player who prioritizes quality and safety. Fareed's main development opportunities are communication and reliable documentation.

**Suggested Detailed Rating:** If you want the group to practice rating frontline behaviors, we have included common behaviors below based on the Advisory Board's Frontline Staff Behavior Model (see page 33). For each, we included a suggested rating (on a 5-point scale) and supporting pieces of evidence.

#### Teamwork - 4

- Fareed willingly helped out co-workers
- He was a fantastic preceptor

#### Reliability - 3

- Fareed was always on time and he used his time wisely
- His documentation didn't accurately reflect his work

#### Safety - 4

- Fareed prevented a potential medication issue (Coumadin and aspirin)
- He was concerned about the number of falls in the unit so implemented patient assistance plan
- His poor documentation could lead to safety issues

#### Customer Focus - 5

- Fareed sat with an elderly patient when her daughter couldn't be there
- He noticed a potentially dangerous drug interaction and prevented it from occurring
- He alerted a doctor about a patient's lack of improvement and suggested the patient move to a rehab facility

#### Communication - 3

- Fareed's patients complimented his empathetic and sensitive tone
- Fareed needed help when speaking to Dr. Fox about a patient's plan of care
- His documentation lacked necessary details

#### Critical Thinking - 4

- Fareed noticed that visitors assisting patients to get out of bed resulted in falls
- He implemented a plan to help reduce the number of falls
- Fareed suggested that a patient be moved to a rehab facility where he could be better served

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #1: Frontline Nurse Fareed (cont.)

#### Discussion Guide

**1. Confirm participants have finished reading the case and assigned a rating.**

**2. Get a quick read of the spread of ratings.**

Call out each potential rating and ask participants to raise their hand when you reach the rating they assigned.

Then ask:

- Can someone give a few examples of behaviors that lead you to that rating?
- Would any behaviors indicate a different rating?
- Why?

**3. Ask the group to reflect on Fareed's overall performance.**

Suggested questions:

- He seemed to do well at most things, but was weak in a few areas. What did you think about his performance overall?

**4. Ask the group to identify areas of strong performance.**

Suggested questions:

- What did Fareed do well?
- He seemed to perform well on Customer Focus. What are some examples of this?
- How did he do on patient Safety?

**5. Ask the group to identify opportunities for improvement.**

Suggested questions:

- What could Fareed have done better?
- What about his issue with documentation?
- Does this justify giving him a lower rating than what we started with?

It's helpful to get a sense of what the group is thinking before you dive in.

If you feel the group is skewing the rating too high, focus the rest of the discussion on helping them to realistically view the negative aspects of Fareed's performance.

If you feel the group is skewing the rating too low, focus the remainder of the discussion on helping the group to view the positive aspects of Fareed's performance.

Ensure the group understands that the goal should be a balanced rating that takes both positive and negative aspects into account.

Help the group to identify if Fareed is generally a high performer or a low performer.

They should see that Fareed is a solid performer with a few areas he could improve.

Point out to the group that Customer Focus was Fareed's main strength. If they don't recognize that, quote the passage where he is frequently complimented by patients.

The group may focus on the obvious Safety example where Fareed caught the potentially harmful drug interaction, but ensure they also recognize that his efforts to reduce patient falls demonstrates he can foresee, and attempt to prevent, safety issues.

Overall Fareed is a good employee so the group may miss that his documentation issues are serious. Be sure they understand that not documenting properly would impact his Safety, Reliability, and Communication ratings.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #1: Frontline Nurse Fareed (cont.)

**6. Ask the group if anything in the case was ambiguous or hard to assess.**

Suggested talking points:

- Where could you use more information to make an informed assessment of Fareed's ability?

The group is likely to focus only on certain examples of Communication and say Fareed is good or bad at it. Point out that he excelled in some areas of Communication—patients compliment him and he is a great preceptor, but he lagged in other aspects of Communication—his documentation often misses information and he had trouble speaking with a senior-level physician.

**7. Steer the group toward consensus on a rating.**

Suggested talking points:

- Ask for a volunteer from the group to explain their "final" overall rating of Fareed and give a few examples to support that rating.
- Then ask if anyone agrees or disagrees with the assessment of Fareed's performance.

Get a pulse for how the group is now rating Fareed. Have they changed their initial ratings?

If they are on the right track, allow the conversation to naturally continue for a few minutes. If they are not on the right track, give some examples that lend themselves to your final "correct" rating. Use the examples listed in the detailed answer key on page 14 to help you frame this part of the conversation.

**8. Wrap up discussion and summarize key learning points.**

Suggested talking points:

- He truly excels at Customer Focus—this is evident in the extra time he puts in and the care and ease he has when treating patients.
- Fareed demonstrated above average performance on Teamwork, Safety, and Critical Thinking, mainly due to his focus on improving visitor education on patient assistance, and recognizing and preventing potential safety issues.
- He needs to improve on Reliability and Communication, specifically related to his documentation.

For additional examples, use the answer key on page 14 which lists common staff behaviors with examples and ratings for each based on Fareed's performance.

**9. Move on to the next case if you have time. If not, close the discussion.**

Suggested talking points:

- Remind leaders to consider all aspects (good and bad) of their direct reports' performance when rating them.
- Let them know who the HR contact is and how to reach him or her in case of any questions.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #2: Nurse Manager Rhonda

**Note for the Facilitator:** The case study below is identical to the one you will share with participants (found on pages 29 and 30) with one exception: the underlined words at the end of each sentence summarize the leadership competencies described in the preceding sentence. You can use the underlined words in two ways:

1. To prompt the group to reflect on Rhonda's performance in a certain leadership area. For example, "Do you think Rhonda communicates effectively? What makes you think so?"
2. To help crosswalk the case to your organization's leadership competency model. This can be helpful if you want the group to practice rating specific leadership competencies in an evaluation.

You are Rhonda's supervisor. Rhonda has been with Clarke Hospital for almost 11 years and has been a nurse manager for the past five years. As you prepare to complete her annual performance evaluation, you reflect on her performance over the last 12 months. Most of your information comes from direct interactions with her as well as feedback you solicited from Rhonda's peers and direct reports.

Other nurse managers are generally complimentary about Rhonda. They have commented that her unit runs so efficiently she can even lend a nurse to a swamped unit when necessary (Prioritizing and Delegating). However, Rhonda's upward reviews (where Rhonda's direct reports evaluated her performance and management skills) were somewhat mixed. Her staff said the unit runs smoothly and they appreciate how organized and efficient she is. However, when specifically answering questions about Rhonda's style as a manager, a few commented that she is often flippant in conversations with them (Communicating Effectively, Process Management). One person said that Rhonda would tell him he was doing something wrong but not give any constructive guidance on how to improve (Giving Feedback, Developing and Retaining Talent). Furthermore, one of these direct reports was interested in a promotion and told you that he asked twice to speak with Rhonda about an open position and she "blew him off" (Developing and Retaining Talent).

Rhonda manages 30 direct reports and she likes to keep them informed about their performance. She keeps electronic files on each employee and updates them at least once a month with short observations (Accountability, Giving Feedback). She has five-minute feedback discussions with each employee once a month and has an "open door" office policy, but her direct reports don't stop by often. Her direct reports told you they like the quick and frequent nature of her feedback, but her tone can be condescending and not constructive (Communicating Effectively, Motivating and Influencing).

Rhonda and some of her peer nurse managers compared notes and found that they all had days where some nurses had an easy patient load, while others were harried all shift long. Rhonda suggested to you that her team be part of an initiative to test assigning caseloads based on patient acuity and intensity of attention needed, rather than on geography (e.g., a block of rooms together) (Process Management, Constructive Thinking). She positioned it as a way to boost morale and create equity among nurses while improving patient care (Motivating and Influencing, Service Orientation and Customer Focus).

# Tool #1: Rating Scale Practice Session

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## Facilitator's Case Studies and Discussion Guides

### Case #2: Nurse Manager Rhonda (cont.)

The initiative required nurses to enter acuity scores for each patient at the end of their shifts. In the first two days Rhonda noticed the nurses weren't recording acuity scores consistently, so she asked the nurses what kept them from recording the data (Constructive Thinking). The nurses claimed it was because there was not enough time at the end of the shift to fill in the data. Rhonda shared with them the rationale for the initiative and said recording the acuity scores was necessary and would benefit both the nurses and the patients once they got used to it (Communicating Effectively). A few nurses got on board and started recording acuity scores, but most still weren't taking the time to do it. She held a team meeting a week later and explained to the nurses that the acuity data were necessary to build a case for needing more nurses on the floor to alleviate their caseloads. After that conversation, she had nurse buy-in to the process (Motivating and Influencing, Prioritizing and Delegating).

About three months ago, Rhonda shared with you her concern that nurses sometimes failed to pass all anecdotal information about each patient during shift changes (Accountability, Service Orientation and Customer Focus). She had been trying to get her staff to do joint bedside reports—a quick meeting where incoming and off-going nurses exchange information about patients and document jointly at the patient's bedside (Process Management, Accountability). The nurses were reluctant to do these reports. They said they didn't have time and their documentation was good so this wasn't necessary. Rhonda tried a few tactics to get the nurses to comply with the reporting. First, at the unit meeting two months ago, she explained the process and said all nurses must do this now (Motivating and Influencing). Only a few nurses complied. Then, she started rounding more often during shift changes and stood by while forcing nurses to complete the joint bedside reports. This worked in the moment, but once she stopped rounding this way, nurses stopped doing the reports. Now, Rhonda has come to you with three more plans to get nurses to do joint bedside reports—but all her plans seem like forcing the nurses to do something they will hate (Constructive Thinking, Prioritizing and Delegating, Upward Management). You suggested that she seek feedback from her team, and ask them for their own thoughts about why they can't or won't do joint bedside reports. You explained that this would help her understand how to motivate her team by letting them in on the how's and why's (Motivating and Influencing). Rhonda seemed surprised by your suggestion but agreed that you had a great point and seemed willing to try this approach.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #2: Nurse Manager Rhonda (cont.)

#### Answer Key

**Suggested Overall Rating:** 3 (on a 5-point scale), 2 (on a 4-point scale), 2 (on a 3-point scale)

**Overall Rating Summary:** Rhonda is a middle-of-the-road performer. She excels at some aspects of her role and needs to improve in others. She runs a tight ship and is quite efficient. She has implemented new protocols and always has a plan of action. Her main weakness lies in how she communicates with and relates to her direct reports. They complain that her tone is condescending and that she is not supportive of their career ambitions.

**Suggested Detailed Rating:** If you want the group to practice rating leadership competencies, we have included common competencies below based on the Advisory Board's Leadership Competency Model (see pages 34 and 35). For each, we included a suggested rating (on a 5-point scale) and a few supporting pieces of evidence.

#### Motivating and Influencing - 3

- Rhonda volunteered her team to pilot assigning caseloads based on acuity
- When nurses were reluctant to record the acuity scores, she questioned why they weren't doing it
- She implemented joint bedside reports without getting input from her team

#### Accountability, Service Orientation and Customer Focus - 4

- Rhonda kept electronic files on her direct reports
- She was concerned about patient care and thus implemented joint bedside reports and assigning caseload by acuity

#### Constructive Thinking, Process Management, Prioritizing and Delegating - 4

- Other nurse managers commented that Rhonda's unit runs so smoothly that she can lend a nurse to a swamped unit at times
- Rhonda planned ways to get nurses on board with the joint bedside reports and assigning caseloads based on acuity

#### Communicating Effectively, Giving Feedback- 2

- Despite keeping electronic files on performance, Rhonda did not provide constructive feedback
- Staff commented that she was often flippant in conversations with them
- Rhonda attempted, though not always successfully, to explain how and why the team should implement the initiatives she proposed

#### Developing and Retaining Talent, Upward Management- 2

- Rhonda seemed to have good relationships with peers and superiors
- Her direct reports respected that she ran a tight ship, but she didn't communicate well with them
- She was not supportive of an employee pursuing a promotion—she didn't even take the time to speak with him about it

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #2: Nurse Manager Rhonda (cont.)

#### Discussion Guide

**1. Confirm participants have finished reading the case and assigned a rating.**

**2. Get a quick read of the spread of ratings.**

Call out each potential rating and ask participants to raise their hand when you reach the rating they assigned.

Then ask:

- Can someone give a few examples of behaviors that lead you to that rating?
- Would any behaviors indicate a different rating?
- Why?

It's helpful to get a sense of what the group is thinking before you dive in.

If you feel the group is skewing the rating too high, focus the rest of the discussion on helping them to realistically view the negative aspects of Rhonda's performance.

If you feel the group is skewing the rating too low, focus the remainder of the discussion on helping the group to view the positive aspects of Rhonda's performance.

Ensure the group understands that the goal should be a balanced rating that takes both positive and negative aspects into account.

**3. Ask the group to reflect on Rhonda's overall performance.**

Suggested questions:

- She seemed to do well at most things, but was weak in a few critical areas. What did you think about her performance overall?

Help the group to identify if Rhonda is generally a high performer or a low performer.

They should see that Rhonda is a middle-of-the-road performer; she is great in some areas but there are essential aspects of her job that she needs to improve.

**4. Ask the group to identify areas of strong performance.**

Suggested questions:

- What did Rhonda do well?
- She seemed to perform well on Process Management and Prioritizing and Delegating. Can anyone give some examples of Rhonda performing well on these competencies?

Point out to the group that Process Management and Constructive Thinking were Rhonda's main strengths. She came up with two large plans for the unit—using joint bedside reports and assigning caseloads based on acuity and attention needed.

**5. Ask the group to identify opportunities for improvement.**

Suggested questions:

- What could Rhonda have done better?
- What about her problem with Giving Feedback?
- Does this justify giving her a lower rating than what we started with?

Be sure that the group recognizes that although Rhonda has many strengths as a manager, her attitude when giving feedback to her direct reports is causing dissatisfaction. Even though her unit runs smoothly, her staff feel that she is condescending and she is unsupportive of them moving up in the organization—this could lead to low engagement and high voluntary turnover.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #2: Nurse Manager Rhonda (cont.)

**6. Ask the group if anything in the case was ambiguous or hard to assess.**

Suggested talking points:

- Where could you use more information to make an informed assessment of Rhonda's ability?

The group may have a hard time rating Rhonda's Communication skills. On the one hand, her direct reports think she is flippant and claim she tells them they are wrong without explaining how to correct problems. On the other hand, Rhonda has no trouble communicating with peers and superiors—which may indicate this is a respect issue, rather than a communication problem.

**7. Steer the group toward consensus on a rating.**

Suggested talking points:

- Ask for a volunteer from the group to explain his or her "final" overall rating of Rhonda and give a few examples to support that rating.
- Then ask if anyone agrees or disagrees with the assessment of Rhonda's performance.

Get a pulse for how the room is now rating Rhonda. Have they changed their initial ratings?

If they are on the right track, allow the conversation to naturally continue for a few minutes. If they are not on the right track, give some examples that lend themselves to your final correct rating. Use the examples listed in the detailed answer key on page 19 to help you frame this part of the conversation.

**8. Wrap up discussion and summarize key learning points.**

Suggested talking points:

- Rhonda demonstrated above average performance on the following behaviors: Prioritizing and Delegating and Accountability mainly due to her unit running smoothly and her peers' compliments of her handling of things.
- She needs to improve on Communication. Her staff is unhappy with her tone and this could lead to bigger problems with staff satisfaction and retention in the future.
- She truly excels at Process Management and Constructive Thinking—this is evident in the day-to-day efficiency of her unit and the joint bedside report and acuity-based patient assignment plans.

For additional examples, use the answer key on page 19 which lists common leadership competencies with examples and ratings for each based on Rhonda's performance.

**9. Move on to the next case if you have time. If not, close the discussion.**

Suggested talking points:

- Remind leaders to consider all aspects (good and bad) of their direct reports' performance when rating them.
- Let them know who the HR contact is and how to reach him or her in case of any questions.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #3: Frontline Patient Registrar Lucy

**Note for the Facilitator:** The case study below is identical to the one you will share with participants (found on pages 31 and 32) with one exception: the underlined words at the end of each sentence summarize the behavior described in the preceding sentence. You can use the underlined words in two ways:

1. To prompt the group to reflect on Lucy's performance in a certain behavioral area. For example, "Do you think Lucy is reliable? What makes you think so?"
2. To help crosswalk the case to your organization's behaviors. This can be helpful if you want the group to practice rating specific behaviors in an evaluation.

You are the Office Manager for a large multispecialty physician clinic owned by City Memorial Hospital. You manage all staff including Lucy, one of five patient service registrars. Her primary responsibilities are to process patient registrations, schedule appointments, and verify insurance information. Lucy has been in this role at the organization for one year. She started here right after finishing high school. As you prepare to complete her annual performance evaluation, you reflect on her performance over the past 12 months. Most of your observations come from direct interactions with her, other colleagues, and the physicians she serves.

Lucy is usually on time for her shifts and is rarely absent (Reliability). She is also a natural with technology, which really helped when your office migrated to a new software system at the start of this year. Lucy took well to the training course on the new patient registration process and scheduling software, and she even volunteered to provide informal "tech support" when less experienced colleagues had questions (Teamwork). On several occasions Lucy quickly came to assist her peers by troubleshooting computer glitches and fixing the problems (Critical Thinking).

Lucy has a friendly, professional manner when taking patient information over the phone and in person. Several times this year patients have commented to you how much they enjoy speaking with her (Customer Focus). Eight months ago Lucy came to you about something she'd noticed in the waiting room. She said patients often stumbled on one of the area rugs because it was mostly hidden under the coffee table except for the edges that had started to curl up. Lucy suggested removing the rug to keep patients from stumbling—and grumbling to her about it (Safety).

About five months ago, the physicians Lucy schedules for complained to you about patient records and scheduling. They said Lucy was not providing enough information in the records about patients' conditions and at times incorrectly scheduling the type and length of appointments (Reliability, Communication). This wasted physician time and caused some patients to complain about longer, less productive appointments (Customer Focus). Lucy is a hardworking employee and you know she schedules patients correctly most of the time. When you spoke to her about the physicians' complaint you realized the problem was that she did not understand the unique medical terminology associated with the more difficult patient cases in some of the specialties. You were somewhat surprised to hear that she felt reluctant to ask the medical staff if she had any specific questions—she mumbled something about them being too harsh and ornery (Communication). You explained that it was really important to schedule all patients accurately and suggested she take a medical terminology refresher course offered by City Memorial Hospital (Reliability). After Lucy finished the course she was enthusiastic about using her new knowledge and seemed to genuinely hope that it would please the physicians. She asked one of the more senior patient service registrars for his support with the more difficult patient cases as she continued to learn about the different appointment types for each specialty (Teamwork).

# Tool #1: Rating Scale Practice Session

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## Facilitator's Case Studies and Discussion Guides

### Case #3: Frontline Patient Registrar Lucy (cont.)

Three months ago, the billing department complained to you that Lucy was not getting complete insurance information from patients coming in for emergent conditions (Communication). Billing then had to track down information after patients left and ultimately it took much longer for the clinic to get reimbursed (Reliability). You met with Lucy about this issue. Lucy initially responded defensively and said it was difficult to get all the information up front since these patients were always in such a rush. After you pointed out that she could try to take a more proactive approach, she sheepishly said she would think about possible solutions (Critical Thinking). One week later, Lucy came to you and eagerly explained an idea for improving the situation. She thought that if she pulled patients' records and pre-populated them with available information before they arrived, she could register them quicker. And after the patients saw their physician, she could make sure they stopped back at the desk to fill in any missing details before they left the office (Critical Thinking). You decided to let Lucy test her idea.

Two weeks later you circled back to Lucy to see how things were going. Lucy had been working on smoothing out a few issues, such as how to ensure patients came back to see her at the end of their appointments, but overall she seemed satisfied with the new approach. She asked you if she could share her method with the other registrars and get their feedback on how to further improve the process (Teamwork). She even created a brief presentation and a handy checklist for her peers (Communication). The other registrars were motivated by Lucy's presentation and together they brainstormed ways to improve the accuracy and efficiency of insurance information collection. Things have been going well since then and recently the billing department proactively reached out to tell you they were pleased with the overall improvement (Reliability).

# Tool #1: Rating Scale Practice Session

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## Facilitator's Case Studies and Discussion Guides

### Case #3: Frontline Patient Registrar Lucy (cont.)

#### Answer Key

**Suggested Overall Rating:** 3 (on a 5-point scale), 3 (on a 4-point scale), 2 (on a 3-point scale)

**Overall Rating Summary:** Lucy is a middle performer with demonstrated potential to improve essential skills. Overall she has a positive work attitude, pleasant customer orientation, and is a solid team player. However, there are some important work-related skills that she needs to hone, including scheduling specialty patients and collecting complete insurance information. Lucy's main development opportunities are reliability with essential job functions and communication with those other than her direct peers.

**Suggested Detailed Rating:** If you want the group to practice rating frontline behaviors, we have included common behaviors below based on the Advisory Board's Frontline Staff Behavior Model (see page 33). For each, we included a suggested rating (on a 5-point scale) and supporting pieces of evidence.

#### Teamwork - 4

- Lucy volunteered to help peers with technical problems related to the patient registration and scheduling system
- She gave an engaging presentation to her peers, and appropriately sought support from a more senior colleague, to encourage shared learning and mutual benefit from new ideas

#### Reliability - 3

- Lucy was usually on time, rarely absent, and typically hardworking
- Physicians complained about Lucy's scheduling and billing because they had to do extra work due to missing insurance information; only after prompting Lucy developed actionable ideas to mitigate these problems

#### Safety - 3

- Lucy noticed that patients stumbled on the waiting room rug and suggested removing the rug to prevent injuries

#### Customer Focus - 3

- Lucy had a friendly, professional manner that patients regularly complimented
- Some patients complained about longer, unproductive appointments (caused by Lucy's inaccurate scheduling)

#### Communication - 3

- Billing complained that Lucy did not take complete insurance information from patients coming in for emergent conditions
- Lucy was comfortable communicating with peers but could improve communication with others in the office

#### Critical Thinking - 3

- Lucy helped to troubleshoot and fix computer problems
- She thought of and implemented an idea for capturing more complete insurance information for certain patients
- Lucy did not independently identify areas to improve, but once prompted she came up with actionable solutions

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #3: Frontline Patient Registrar Lucy (cont.)

#### Discussion Guide

**1. Confirm participants have finished reading the case and assigned a rating.**

**2. Get a quick read of the spread of ratings.**

Call out each potential rating and ask participants to raise their hand when you reach the rating they assigned.

Then ask:

- Can someone give a few examples of behaviors that lead you to that rating?
- Would any behaviors indicate a different rating?
- Why?

**3. Ask the group to reflect on Lucy's overall performance.**

Suggested questions:

- She seemed to do well at most things, but was weak in a few critical areas. What did you think about her performance overall?

**4. Ask the group to identify areas of strong performance.**

Suggested questions:

- What did Lucy do well?
- She seemed to be a really positive team player. What are some examples of this?
- How did she do on Customer Focus?

**5. Ask the group to identify opportunities for improvement.**

Suggested questions:

- What could Lucy have done better?
- What about her challenges with scheduling patients appropriately based on their needs?
- Does this—or anything else—justify giving her a lower rating than what we started with?

It's helpful to get a sense of what the group is thinking before you dive in.

If you feel the group is skewing the rating too high, focus the rest of the discussion on helping them to realistically view the negative aspects of Lucy's performance.

If you feel the group is skewing the rating too low, focus the remainder of the discussion on helping the group to view the positive aspects of Lucy's performance.

Ensure the group understands that the goal should be a balanced rating that takes both positive and negative aspects into account.

Help the group to identify if Lucy is generally a high performer or a low performer.

They should see that Lucy is a middle performer with a few areas she could improve.

Point out that Teamwork was Lucy's main strength. The group may focus on her helping peers with computer challenges, but ensure they also recognize her willingness and ability to work with peers to improve patient insurance information capture.

Lucy also performed well in Customer Focus, but her problems with scheduling led to mismanaged appointments and wasted customer time. Therefore, despite a pleasant and professional demeanor, she can still improve her service to customers.

Overall Lucy is a hardworking employee, but she has struggled with two key competencies for the job: patient scheduling and patient information capture. Help the group see that these struggles would impact Lucy's rating for Customer Focus and Communication in addition to Reliability.

# Tool #1: Rating Scale Practice Session

## Facilitator's Case Studies and Discussion Guides

### Case #3: Frontline Patient Registrar Lucy (cont.)

#### 6. Ask the group if anything in the case was ambiguous or hard to assess.

Suggested talking points:

- Where could you use more information to make an informed assessment of Lucy's ability?

The group is likely to mention Lucy's Communication skills. While she seemed very capable speaking with peers and patients, she did not provide adequate written records about patient insurance and appointment needs. She also seemed to have a somewhat defensive initial response to concerns her manager raised in conversations about performance.

#### 7. Steer the group toward consensus on a rating.

Suggested talking points:

- Ask for a volunteer from the group to explain their "final" overall rating of Lucy and give a few examples to support that rating.
- Then ask if anyone agrees or disagrees with the assessment of Lucy's performance.

Get a pulse for how the group is now rating Lucy. Have they changed their initial ratings?

If they are on the right track, allow the conversation to naturally continue for a few minutes. If they are not on the right track, give some examples that lend themselves to your final "correct" rating. Use the examples listed in the detailed answer key on page 24 to help you frame this part of the conversation.

#### 8. Wrap up discussion and summarize key learning points.

Suggested talking points:

- Overall Lucy was a middle performer with a positive work attitude and demonstrated value to the team.
- Her strongest asset was Teamwork—this was evident in her volunteering to help with technology-related problems and her willingness to teach and share information freely with peers. She could improve her communication and collaboration with those other than her direct peers.
- Lucy demonstrated average performance for a first-year patient registrar in most areas (e.g., Safety, Customer Focus, Critical Thinking and Reliability). For example, she was oriented toward customer service and patient safety, yet she had room to improve her service through better patient scheduling. She struggled at times with essential aspects of the job, but after prompting she came up with actionable solutions and improved her skills.

For additional examples, use the answer key on page 24 which lists common staff behaviors with examples and ratings for each based on Lucy's performance.

#### 9. Close the session.

Suggested talking points:

- Remind leaders to consider all aspects (good and bad) of their direct reports' performance when rating them.
- Let them know who the HR contact is and how to reach him or her in case of any questions.

Source: HR Advancement Center research and analysis.

# Tool #1: Rating Scale Practice Session

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## Case #1: Frontline Nurse Fareed

### Rater Instructions:

1. Read the case study carefully.
2. Take a moment to reflect on Fareed's performance. Use your organization's performance rating scale to rate him.
3. Circle or underline 3 to 5 specific examples of Fareed's performance that support your rating.

You are Fareed's manager. Fareed has been with General Hospital for almost six years and has been a nurse in your Med/Surg orthopedics unit for the past two years. As you prepare to complete his annual performance evaluation, you reflect on his performance over the last 12 months. Most of your information comes from direct interactions with Fareed, including your rounding and one-on-one monthly check-ins.

Fareed is a dedicated employee who cares deeply for his patients and peers. This is evident in all he does. Fareed is always on time, he begins his duties promptly, and he uses his time wisely during his shift. His patient rooms are always neat and well organized, making it easy and safe for him to do his job quickly. Fareed always has time to help out his co-workers when they are in need.

Fareed is a dedicated preceptor that new graduates love to work with. Sarah, a new nurse in your unit and one of Fareed's preceptees, told you that when she was rounding with Fareed last week he saved a patient from a potentially dangerous situation. According to the EMR, the patient was due for Coumadin. Sarah washed her hands and was about to get the Coumadin, when Fareed stopped her. He noticed that the patient had a bottle of baby aspirin sitting on the table beside his bed and was surprised because this wasn't allowed. Fareed asked the patient if he was taking the aspirin and if he had informed the staff about the medicine at admission. The patient told Fareed he takes his aspirin every day and his doctor should know. Fareed checked the EMR and did not see aspirin ordered or listed in the patient's medication reconciliation form, and there was no note about it. Fareed told Sarah to hold off on administering the Coumadin and calmly told the patient that the aspirin could be dangerous in combination with the other medications he was taking. Fareed assured the patient that they would get it all straightened out and immediately called the physician.

Fareed's own patients frequently compliment his empathetic and sensitive manner. An elderly patient last month told you that Fareed gave her strength during the most difficult time of her life. He stayed an hour past his shift, on his own time, to sit with her several nights until her daughter could visit.

Fareed completes his rounding on time each shift, but his documentation needs work. He writes down information on "cheat sheets" or little slips of paper during his shift and then goes back to document at the end of the shift. This means he sometimes fails to document important information in a timely manner. You spoke to him about this issue six months ago. He took the feedback seriously and has improved, but he still has days when he doesn't record information properly. You've been thinking about how to help him improve his documentation.

# Tool #1: Rating Scale Practice Session

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## Case #1: Frontline Nurse Fareed (cont.)

About four months ago, Fareed told you he was concerned that visitors were attempting to assist patients in getting out of bed without being trained by a nurse. Fareed said that this had caused two patient falls in one week. He suggested the unit implement a “visitor education” program including posters, pamphlets, and verbal reminders instructing visitors how to assist patients in getting out of bed and when they should not assist patients at all and call a nurse instead. He designed posters and put up a notice at the admitting desk so visitors would see the policy right when they come in to the unit. And with Fareed’s help, you instructed all nurses to teach visitors the proper patient assistance technique. As a result, falls in your unit are down 15% over the past month.

In January, Fareed asked for your support in speaking to Dr. Fox, the head of your unit’s interdisciplinary team, about a patient. Fareed felt that the patient was not showing any more clinical progress and that the team had done as much as they could for him. Fareed thought the patient would be better served in a rehab facility. You trust Fareed’s professional opinion and so do the other nurses on the team, but Fareed seems to struggle with speaking up in this interdisciplinary group. He knows so much and his peers respect him, but he doesn’t contribute as much as he could around Dr. Fox. You talked with Fareed about approaches to speaking with Dr. Fox, who can be less than receptive to staff input. You and Fareed agreed to speak with Dr. Fox together. Fareed was intimidated at first so you had to jump in and help guide the conversation. In the end, Dr. Fox respected Fareed’s opinion and said he would discuss the options with the patient and his family.

**Fareed’s Overall Rating:** \_\_\_\_\_

# Tool #1: Rating Scale Practice Session

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## Case #2: Nurse Manager Rhonda

### Rater Instructions:

1. Read the case study carefully.
2. Take a moment to reflect on Rhonda's performance. Use your organization's performance rating scale to rate her.
3. Circle or underline 3 to 5 specific examples of Rhonda's performance that support your rating.

You are Rhonda's supervisor. Rhonda has been with Clarke Hospital for almost 11 years and has been a nurse manager for the past five years. As you prepare to complete her annual performance evaluation, you reflect on her performance over the last 12 months. Most of your information comes from direct interactions with her as well as feedback you solicited from Rhonda's peers and direct reports.

Other nurse managers are generally complimentary about Rhonda. They have commented that her unit runs so efficiently she can even lend a nurse to a swamped unit when necessary. However, Rhonda's upward reviews (where Rhonda's direct reports evaluated her performance and management skills) were somewhat mixed. Her staff said the unit runs smoothly and they appreciate how organized and efficient she is. However, when specifically answering questions about Rhonda's style as a manager, a few commented that she is often flippant in conversations with them. One person said that Rhonda would tell him he was doing something wrong but not give any constructive guidance on how to improve. Furthermore, one of these direct reports was interested in a promotion and told you that he asked twice to speak with Rhonda about an open position and she "blew him off."

Rhonda manages 30 direct reports and she likes to keep them informed about their performance. She keeps electronic files on each employee and updates them at least once a month with short observations. She has five-minute feedback discussions with each employee once a month and has an "open door" office policy, but her direct reports don't stop by often. Her direct reports told you they like the quick and frequent nature of her feedback, but her tone can be condescending and not constructive.

Rhonda and some of her peer nurse managers compared notes and found that they all had days where some nurses had an easy patient load, while others were harried all shift long. Rhonda suggested to you that her team be part of an initiative to test assigning caseloads based on patient acuity and intensity of attention needed, rather than on geography (e.g., a block of rooms together). She positioned it as a way to boost morale and create equity among nurses while improving patient care.

The initiative required nurses to enter acuity scores for each patient at the end of their shifts. In the first two days Rhonda noticed the nurses weren't recording acuity scores consistently, so she asked the nurses what kept them from recording the data. The nurses claimed it was because there was not enough time at the end of the shift to fill in the data. Rhonda shared with them the rationale for the initiative and said recording the acuity scores was necessary and would benefit both the nurses and the patients once they got used to it. A few nurses got on board and started recording acuity scores, but most still weren't taking the time to do it. She held a team meeting a week later and explained to the nurses that the acuity data were necessary to build a case for needing more nurses on the floor to alleviate their caseloads. After that conversation, she had nurse buy-in to the process.

# Tool #1: Rating Scale Practice Session

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## Case #2: Nurse Manager Rhonda (cont.)

About three months ago, Rhonda shared with you her concern that nurses sometimes failed to pass all anecdotal information about each patient during shift changes. She had been trying to get her staff to do joint bedside reports—a quick meeting where incoming and off-going nurses exchange information about patients and document jointly at the patient’s bedside. The nurses were reluctant to do these reports. They said they didn’t have time and their documentation was good so this wasn’t necessary. Rhonda tried a few tactics to get the nurses to comply with the reporting. First, at the unit meeting two months ago, she explained the process and said all nurses must do this now. Only a few nurses complied. Then, she started rounding more often during shift changes and stood by while forcing nurses to complete the joint bedside reports. This worked in the moment, but once she stopped rounding this way, nurses stopped doing the reports. Now, Rhonda has come to you with three more plans to get nurses to do joint bedside reports—but all her plans seem like forcing the nurses to do something they will hate. You suggested that she seek feedback from her team, and ask them for their own thoughts about why they can’t or won’t do joint bedside reports. You explained that this would help her understand how to motivate her team by letting them in on the how’s and why’s. Rhonda seemed surprised by your suggestion but agreed that you had a great point and seemed willing to try this approach.

**Rhonda’s Overall Rating:** \_\_\_\_\_

# Tool #1: Rating Scale Practice Session

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## Case #3: Frontline Patient Registrar Lucy

### Rater Instructions:

1. Read the case study carefully.
2. Take a moment to reflect on Lucy's performance. Use your organization's performance rating scale to rate her.
3. Circle or underline 3 to 5 specific examples of Lucy's performance that support your rating.

You are the Office Manager for a large multispecialty physician clinic owned by City Memorial Hospital. You manage all staff including Lucy, one of five patient service registrars. Her primary responsibilities are to process patient registrations, schedule appointments, and verify insurance information. Lucy has been in this role at the organization for one year. She started here right after finishing high school. As you prepare to complete her annual performance evaluation, you reflect on her performance over the past 12 months. Most of your observations come from direct interactions with her, other colleagues, and the physicians she serves.

Lucy is usually on time for her shifts and is rarely absent. She is also a natural with technology, which really helped when your office migrated to a new software system at the start of this year. Lucy took well to the training course on the new patient registration process and scheduling software, and she even volunteered to provide informal "tech support" when less experienced colleagues had questions. On several occasions Lucy quickly came to assist her peers by troubleshooting computer glitches and fixing the problems.

Lucy has a friendly, professional manner when taking patient information over the phone and in person. Several times this year patients have commented to you how much they enjoy speaking with her. Eight months ago Lucy came to you about something she'd noticed in the waiting room. She said patients often stumbled on one of the area rugs because it was mostly hidden under the coffee table except for the edges that had started to curl up. Lucy suggested removing the rug to keep patients from stumbling—and grumbling to her about it.

About five months ago, the physicians Lucy schedules for complained to you about patient records and scheduling. They said Lucy was not providing enough information in the records about patients' conditions and at times incorrectly scheduling the type and length of appointments. This wasted physician time and caused some patients to complain about longer, less productive appointments. Lucy is a hardworking employee and you know she schedules patients correctly most of the time. When you spoke to her about the physicians' complaint you realized the problem was that she did not understand the unique medical terminology associated with the more difficult patient cases in some of the specialties. You were somewhat surprised to hear that she felt reluctant to ask the medical staff if she had any specific questions—she mumbled something about them being too harsh and ornery. You explained that it was really important to schedule all patients accurately and suggested she take a medical terminology refresher course offered by City Memorial Hospital. After Lucy finished the course she was enthusiastic about using her new knowledge and seemed to genuinely hope that it would please the physicians. She asked one of the more senior patient service registrars for his support with the more difficult patient cases as she continued to learn about the different appointment types for each specialty.

# Tool #1: Rating Scale Practice Session

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## Case #3: Frontline Patient Registrar Lucy (cont.)

Three months ago, the billing department complained to you that Lucy was not getting complete insurance information from patients coming in for emergent conditions. Billing then had to track down information after patients left and ultimately it took much longer for the clinic to get reimbursed. You met with Lucy about this issue. Lucy initially responded defensively and said it was difficult to get all the information up front since these patients were always in such a rush. After you pointed out that she could try to take a more proactive approach, she sheepishly said she would think about possible solutions. One week later, Lucy came to you and eagerly explained an idea for improving the situation. She thought that if she pulled patients' records and pre-populated them with available information before they arrived, she could register them quicker. And after the patients saw their physician, she could make sure they stopped back at the desk to fill in any missing details before they left the office. You decided to let Lucy test her idea.

Two weeks later you circled back to Lucy to see how things were going. Lucy had been working on smoothing out a few issues, such as how to ensure patients came back to see her at the end of their appointments, but overall she seemed satisfied with the new approach. She asked you if she could share her method with the other registrars and get their feedback on how to further improve the process. She even created a brief presentation and a handy checklist for her peers. The other registrars were motivated by Lucy's presentation and together they brainstormed ways to improve the accuracy and efficiency of insurance information collection. Things have been going well since then and recently the billing department proactively reached out to tell you they were pleased with the overall improvement.

**Lucy's Overall Rating:** \_\_\_\_\_

# Tool #1: Rating Scale Practice Session

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## The Advisory Board's Frontline Staff Behavior Model

### Behavior

#### Teamwork

Welcomes new employees to the team. Proactively collaborates with colleagues to accomplish tasks and solve problems. Generously shares information and resources with colleagues. Champions inclusion by recognizing others' contributions and seeking out different points of view. Always provides feedback in a constructive way.

#### Reliability

Is punctual and present for work during designated hours. Adapts well to changes in work assignments or goals. Regularly completes all duties and goals with minimal supervision or assistance. Fulfills all commitments made to patients and families, colleagues, and supervisors. Takes responsibility for outcomes of personal actions, decisions, and behavior.

#### Safety

Anticipates safety issues and develops plans to remove potential hazards. Reinforces adherence to safety guidelines by modeling appropriate actions and proactively reminding others of guidelines. Advocates for patients when quality and/or delivery of care is in jeopardy. Suggests process improvements to prevent negative patient outcomes.

#### Customer Focus

Centers work around the needs and desires of the customer, whether a patient or colleague. Demonstrates a sense of urgency and responsibility to consistently provide superior service. Listens attentively and resolves questions and issues as they arise, often exceeding expectations of customers, whether they are patients or colleagues. Consistently follows up on requests from patients, families, and colleagues. Cited by name by patients, families, peers, or others for service excellence.

#### Communication

Matches communication tone and style to the audience and message. Articulates reasonable and well-founded arguments that support conclusions. Encourages open dialogue and discussion by listening actively and asking questions. Shares thoughtful suggestions, advice, and insights in a considerate manner.

#### Critical Thinking

Able to effectively plan, prioritize, delegate, and break down complex tasks into manageable parts. Accepts challenges and gathers information needed to solve problems effectively. Considers possible explanations for a situation and effectively identifies key root causes. Anticipates potential obstacles and develops contingency plans to overcome them. Presents logical problem analysis and recommended solutions to supervisor and peers.

# Tool #1: Rating Scale Practice Session

## The Advisory Board's Leadership Competency Model

Competency	Key Competencies for Nurse Managers
<p><b>Managing Vision and Purpose</b> Formulates a future course that reflects needs of own area or project and that is aligned with the organization-wide vision. Translates the course into goals and objectives for own team, sets priorities, and directs the efforts of staff toward accomplishing those goals and objectives.</p>	
<p><b>Initiative</b> Recognizes and acts on opportunities for growth and improvement to advance hospital and health system goals. Confronts problems quickly and enthusiastically.</p>	
<p><b>Motivating and Influencing</b> Inspires staff enthusiasm for and generates commitment to program or project goals. Builds support for changes in direction among people with diverse interests, needs, and values.</p>	✓
<p><b>Accountability</b> Holds team and self responsible for maintaining the highest possible performance standards and meeting agreed upon commitments even under difficult circumstances.</p>	✓
<p><b>Service Orientation and Customer Focus</b> Sets and maintains high standards for service to patients, physicians, and other hospital departments. Incorporates needs and concerns of diverse constituencies (e.g., patients, physicians, and colleagues) into decision making.</p>	✓
<p><b>Constructive Thinking</b> Analyzes problems systematically and logically, and is resourceful when developing and implementing solutions.</p>	✓
<p><b>Financial Acumen</b> Applies key financial concepts and analysis to decision making. Understands drivers of financial performance (e.g., physician referrals, capacity utilization, payment denials) and takes these into account in developing strategies and making decisions.</p>	
<p><b>Process Management</b> Develops and implements work plans with actionable components and measurable outcomes. Proactively monitors key performance indicators, and makes real-time adjustments to ensure that projects stay on track.</p>	✓
<p><b>Prioritizing and Delegating</b> Regularly reassesses priorities and competing demands and adjusts allocation of own and staff time and resources to increase efficiency and effectiveness. Identifies and implements processes that facilitate delegation, and shares responsibility and authority with others, leveraging their unique strengths and skills.</p>	✓
<p><b>Communicating Effectively</b> Articulates logical and well-founded arguments that support conclusions. Matches communication style to the message and to the audience. Actively solicits opinions from others. Routinely provides others with the information they need to do their jobs.</p>	✓
<p><b>Giving Feedback</b> Routinely shares suggestions, advice, and insights on progress toward program and project goals. Provides performance feedback that is constructive and actionable, and that highlights successes as well as areas for growth and is based on objective metrics.</p>	✓

Source: HR Advancement Center research and analysis.

# Tool #1: Rating Scale Practice Session

## The Advisory Board's Leadership Competency Model (cont.)

Competency	Key Competencies for Nurse Managers
<p><b>Identifying and Recruiting Talent</b>            Selects and attracts outstanding staff from diverse backgrounds. Identifies and fills gaps in team skills and knowledge. Effectively markets job openings to attract highly skilled staff members to project teams.</p>	
<p><b>Developing and Retaining Talent</b>            Defines development objectives for staff that support performance goals and progress toward future skill development. Assists staff in developing their own careers by encouraging them to articulate their career goals, offering challenging growth opportunities, and providing necessary coaching and training.</p>	
<p><b>Building and Strengthening Relationships</b>            Builds and maintains long-term relationships with others based on mutual respect and trust. Fosters cooperation and collaborative decision making among staff with diverse backgrounds and interests. Works effectively toward solutions and compromises that take the needs of all parties into account when conflict does arise.</p>	
<p><b>Upward Management</b>            Provides regular updates on program or project progress and works with own manager to minimize risks and resolve problems. With manager's support, notifies senior management about progress toward project goals and informs them about issues that require their attention.</p>	

Source: HR Advancement Center research and analysis.



# Tool #2: Difficult Feedback Role-Play

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**Overview:** This guide prepares facilitators to lead a role-play workshop on delivering difficult performance feedback. The workshop is designed to help leaders gain practice with delivering difficult performance messages.

**Intended User:** Workshop facilitator.

**Goal:** To help leaders feel more comfortable delivering difficult messages during annual reviews (or when delivering informal performance feedback).

**Estimated Time Required:** 30 minutes to prepare for each workshop; 1.5 to 2 hours per workshop.

**Available Online:** To access an editable version of the role-plays and handouts, visit [advisory.com/hrac/HRaccurateevaluations](http://advisory.com/hrac/HRaccurateevaluations).

## Nuts and Bolts of the Difficult Feedback Workshop

- The purpose of the role-play and facilitated discussion is to empower leaders to give clear, constructive performance feedback to their direct reports
- Logistics:
  - Limit total session to **approximately 30 participants and no longer than 2 hours**
  - The recommended workshop agenda is:
    - Introduction and demonstration of feedback method: 15 minutes
    - Participants read and conduct first role-play: 20 minutes
    - Large group discussion of first role-play: 10 minutes
    - Participants read and conduct second role-play: 20 minutes
    - Large group discussion of second role-play: 10 minutes
    - (Optional) Participants read and conduct third role-play: 20 minutes
    - (Optional) Large group discussion of third role-play: 10 minutes
  - As a workshop facilitator, you will demonstrate how to give difficult feedback, guide participants through the role-play scenarios, facilitate discussions, and manage the group's time.
    - Be prepared to talk specifically about each role-play—the workshop will be more successful if you are familiar with details of the scenarios.
    - In addition to this facilitation guide, refer to the troubleshooting tips on page 42 for suggestions on how to overcome common stumbling blocks in role-play workshops.

# Tool #2: Difficult Feedback Role-Play

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## Facilitation Guide

### 1. Introduce yourself and the goals of the workshop.

Key points to cover:

- Your name and your role at the organization.
- The goal of the workshop is to help participants gain comfort with giving difficult performance feedback.
- Participants will find this skill especially helpful when delivering annual reviews and informal performance feedback.

### 2. Provide context about difficult feedback.

Key points to cover:

- It's hard for most people to give difficult feedback—in our personal lives as well as in the workplace.
- We often assume someone will react in the worst possible way, and we use that assumption to justify not having the conversation.
- With practice, we can learn to set up the conversation so that the person who is receiving the feedback is more likely to understand it and accept it.
- We can also learn how to keep the feedback conversation focused and not let the person receiving the feedback take it off track.
- It's important to share potentially difficult feedback. And the more timely the feedback is, the more your employee can learn from it.

Providing context helps participants see why the session is relevant to them. It also helps to show participants that difficult feedback is hard for most people, and that concerns about employee reactions are normal.

### 3. Break the ice through questions.

Ask the group the following questions:

- What have your experiences with giving difficult feedback been like? Positive or negative?
- Have any of you avoided giving feedback because of concern about the person's reaction?
- What are some of the reactions you worry about?

Engaging the group through questions breaks the ice early on and helps get the group primed for interactive role-play. Be sure to thank participants for sharing their thoughts, however small, to encourage more sharing.

# Tool #2: Difficult Feedback Role-Play

## 4. Establish a safe learning zone. ●

Key points to cover:

- Today's session is only for your practice and learning—there's no other motive for the session.
- Many people dislike role-play activities because they seem awkward, silly, or intimidating.
- At the same time, the real value in this workshop is trying to give feedback despite feeling uncomfortable.
- Participate as much as you want to—this is a good time to stretch past your comfort zone.
- Feel free to observe at first if that's how you'll learn best.

Adults often dislike role-playing for a variety of reasons—it feels awkward and uncomfortable or even scary to act in front of people. At the same time, the real value in this workshop is trying to give feedback despite feeling uncomfortable.

With adults, it's best to convey a learning environment that's flexible and nonthreatening by making it clear that the training is just for them, and they have the ultimate say in how much they participate.

## 5. Hand out the one-page summary of the difficult feedback method. ●

You can find the one-page summary on page 43.

## 6. Introduce the Performance-Expectation-Consequence feedback method.

Key points to cover:

- **Performance** is the behavior you observed in your employee that interfered with the desired outcome. **Expectation** is the standard that this employee is expected to meet. **Consequence** is the outcome of the employee not meeting the expectation.
- You will get to practice this method during role-plays.

The goal of this section is to provide a clear, simple summary of the **Performance-Expectation-Consequence (P-E-C)** feedback method.

The **P-E-C** feedback method focuses on thinking specifically about which behaviors or actions an employee failed to do and how that impacts the organization. Leaders can use this to prepare their thoughts before having difficult conversations with employees.

You can learn more about the **P-E-C** method from *Tool #2: Prepare a Watertight Outline for Delivering Difficult Feedback* in **The Manager's Guide to Accurate Evaluations**.

## 7. Demonstrate the P-E-C method. ●

Share the example below with participants, and ask the follow-up questions.

- Let's say Jorge is a nurse in the cardiovascular unit you manage. Last Tuesday, he left work 20 minutes early without explanation. He missed the unit huddle and failed to pass information to nurses on the next shift. Because of this, Jorge's patient missed his visitor for that evening. The patient and his visitor complained to you about the incident. You are not happy about Jorge's behavior.
- How would you summarize the **performance** issue for Jorge?
- If you were Jorge's manager, what performance would you **expect**?
- How would you summarize the **consequences** of his not meeting your expectation?

Using an example of a real-world performance issue helps participants understand what each of the **P-E-C** components mean. Ask the group questions to check understanding.

# Tool #2: Difficult Feedback Role-Play

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**8. Ask participants to break into small groups of three to five people.**

**9. Hand out the one-page summary of each role. Provide a brief overview of each.**

You can find the one-page summary on page 44.

Explain that each participant (time permitting) should have the opportunity to play three roles: manager, employee, and observer. Use the points below to provide a quick overview of each role.

- **Employee:** For the employee, the aim is to be realistic in the role-play. You may be tempted to over-exaggerate your character, but try not to. These conversations are already hard, so just aim to be true to life.
- **Manager:** For the manager, the objective is to practice new skills for delivering difficult feedback. The case material provides the scenario, but see this this as an opportunity to practice delivering feedback as yourself, a manager of others.
- **Observer:** Observers should aim to listen and notice things that the participants may miss in the heat of the moment. Stay silent and take notes so that you are able to provide constructive, detailed feedback. Pay attention not only to what is being said, but also how it is said, body language, and the tone of the conversation.

You can let participants know they can read along in the one-pager as you describe these roles.

**10. Hand out the role-play materials.**

You can find role-play materials for all three scenarios on pages 45 through 54.

Give each small group the manager, employee, and observer scenarios for the first round of role-play. Ask them not to peek at the roles yet.

We recommend printing each role-play onto separate pieces of paper. Write the role ("Manager," "Employee," or "Observer") in large print on the side without the scenario text. To help keep participants from peeking at other roles, hand out the role-play scenarios face down so participants will just be able to see the role in large print on the back.

**11. Ask participants to assign roles within their small group.**

Each person should take the piece of paper with the appropriate role-play scenario for his or her role.

## Tool #2: Difficult Feedback Role-Play

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### 12. Conduct two to three rounds of role-plays.

Start the first round of role-play. Give the group the following time frames for the role-play:

- 5 minutes to read silently and prepare for their roles.
- 10 minutes to role-play the scenarios in their small groups.
- 5 minutes to discuss how the role-play went in their small groups. Participants can use the discussion questions provided on the handout on page 44 to spur discussion.

During the role-plays, walk around the room to observe and answer any questions.

After the first role-play is over, ask participants to rotate roles. Distribute the next role-play scenario materials and use the same timing above for the next round(s).

### 13. Reconvene the full group for a discussion. ●

Ask participants to stop the role-plays and reconvene as a full group.

Ask the following questions:

- How did it feel to practice giving and receiving feedback in these scenarios?
- What worked well?
- What still feels awkward and requires more practice?
- Did you ever feel stumped or stuck? How did you get out of that place?
- How important were nonverbal cues in your scenarios?
- What kind of information did nonverbal cues give you?
- Can you share some examples of interesting things you learned or creative solutions to challenges during the role-plays?
- After experiencing the various roles, what did you learn about things you would do or not do next time you give or receive feedback?

After you've gone through all three rounds of role-plays—or as many as time allows—ask everyone to wrap up their conversations and come together as a large group for discussion.

The goal of asking questions after the role-play rounds is to help participants discuss and process what they learned.

# Tool #2: Difficult Feedback Role-Play

## 14. Wrap up the session. ●

Key points to cover:

- Giving difficult feedback can be uncomfortable and challenging.
- It can be so stressful to think about that we may even keep from giving negative feedback at all.
- Delivering feedback effectively can help improve performance, but it takes practice and preparation to tell someone hard news.
- Today’s session hopefully helped you feel at least a little more prepared to be direct and open when you need to give difficult performance feedback.
- You can refer to *Tool #2: Prepare a Watertight Outline for Delivering Difficult Feedback* in **The Manager’s Guide to Accurate Evaluations** for more information about the feedback method we practiced today.
- And as you practice this technique, please reach out to your HR point of contact if you have any questions.

The goal of this section is to summarize key learning points for participants. Aim to briefly reinforce the main point: giving difficult feedback is hard, but necessary to improve performance.

## Troubleshooting Common Stumbling Blocks in Role-Play Workshops

Situation	Potential Approaches
Small groups finish at different rates	Ask for a show of hands for who would like additional time to wrap up. If the majority of the groups would like to continue for a short period, consider allowing just two to five more minutes for them to finish. Avoid extending too far beyond suggested timing to keep the whole workshop from running too long.
Participants won’t speak up during discussion	When you are walking around the room, ask reluctant participants questions yourself, then ask another person in the small group a follow-up question to try to engage the small group in their own conversation with each other.
Participants complain about the roles	Consider suggesting they improvise on the spot. You can ask participants taking on the “manager” role to simply recall a difficult conversation they’ve had or wish they’d had and use that as the basis for their difficult conversation. The people playing the “employee” role would need to respond naturally and go with the flow of the discussion. This kind of improvisation can be fun and valuable when managers get to practice an actual conversation they’ve had or plan to have.

Source: HR Advancement Center research and analysis.

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Performance-Expectation-Consequence Feedback Method and Example

	P Is for Performance	E Is for Expectation	C Is for Consequence
<b>Think About</b>	<p><b>What did your employee do that led him or her to fail to meet performance standards?</b></p> <p>Cite specific examples of actions or behaviors that you observed.</p>	<p><b>What is the standard that you expect your employee to meet?</b></p> <p>Explain your expectations using examples of the behavior or actions the employee <b>should</b> demonstrate.</p>	<p><b>What is the consequence of your employee not meeting the standard you expect?</b></p> <p>Describe how his or her failure to meet standards impacts your team and/or the organization.</p>
<b>Example</b>	<p><i>Jorge is a nurse in the cardiovascular unit.</i></p> <p><i>Last Tuesday he left work 20 minutes early without explanation. He missed the unit huddle and failed to pass information to nurses on the next shift.</i></p>	<p><i>I expect Jorge to complete his full shift and not leave without explanation. I also expect Jorge to stay for the unit huddle and give detailed information about his patients (including status updates, recent medications, and expected visitors) to nurses on the next shift.</i></p>	<p><i>Since Jorge left early he did not have time to tell Tania, a nurse from the second shift, that one of his patients had a visitor coming that evening. Tania took the patient to X-ray and he missed his visitor. The patient and his visitor were very unhappy about this.</i></p>

Source: Talent Development, *Coaching for Optimal Outcomes*, 2013; HR Advancement Center research and analysis.

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Overview of Each Role and Discussion Questions

#### Employee

Your aim is to be realistic in the role. You may be tempted to over-exaggerate your character, but try not to. These conversations are already hard enough, so simply aim to be true to life.

#### Manager

Your objective is to practice delivering difficult performance feedback—not acting out a part. While the case will give you a scenario, use this as an opportunity to practice delivering feedback as yourself, a manager of others.

#### Observer

Your aim is to listen and notice things that the participants may miss in the heat of the moment. Stay silent and take notes so you can provide constructive, detailed feedback. Pay attention to not only what is being said, but also how it is said (for example, body language and the tone of the conversation). Observing difficult conversations also helps you become more comfortable in these types of situations.

**After each role-play, your small group should discuss the questions below.**

1. What did the manager say that was very effective?
2. What might the manager consider phrasing differently?
3. About how much time did the manager spend talking versus listening?
  - Talking: \_\_\_\_\_%
  - Listening: \_\_\_\_\_%
4. How well did the employee accept the feedback?
5. What was the overall tone of the conversation (e.g., stressful, easygoing, tense, frustrating, productive)?
6. What nonverbal signals did the manager send that were particularly effective? Ineffective?
7. Any other nonverbal cues?

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Role-Play Scenario #1

#### Manager Role – Sasha

You are an RN with five years of experience and six months in your new role as the Med/Surg nurse manager. You oversee 45 employees. One of your employees, Emma, is very enthusiastic and hardworking. She also loves working with people and has a great bedside manner. In fact, last week several patients commented about Emma’s caring and cheerful personality.

But this week a patient complained that Emma had messed up his care and then yelled at him about it. You think about how Emma has been acting this week—she seemed to dread her shift and was tense. From the patient’s chart, you know that Emma inserted a Foley catheter on Tuesday. You asked Emma’s preceptor, Joshua, who supervised the procedure, if anything out of the ordinary happened. Joshua told you that he walked out of the room to respond to a call bell and when he came back, Emma was snapping at the patient, saying something like, “Be quiet, you’re distracting me. I’m almost done!” Now you have to talk to Emma.

You can jot down your thoughts and P-E-C message below before meeting with Emma.

### Performance-Expectation-Consequence (P-E-C) Message

P Is for Performance	E Is for Expectation	C Is for Consequence

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Role-Play Scenario #1

#### Employee Role – Emma

You are a new nurse in your first year as an RN. This is your first job after graduating with your BSN and you are very excited about working at this hospital—it's where you interned during nursing school and was your first choice for employment. You feel comfortable with patients and they usually respond well to you. You also have a great rapport with all of your team members and have learned a lot from them.

A few days ago you had to insert a urinary catheter. Since you haven't done a ton of these yet, you asked Joshua, your preceptor, to supervise. Joshua is great to work with. He is very nice and calm and has helped you out of difficult situations before—last month he stopped you from giving the wrong dose of medication to an elderly patient. This time, you accidentally broke the sterile field just prior to inserting the catheter. Right as this happened, a call bell went off and Joshua stepped out of the room. You were rattled and stopped for a minute. You decided the best thing to do was to start over, so you grabbed a new sterile package. The patient asked what was going on and why it was taking so long. You told him not to worry and that you would be done soon. Joshua walked back in the room as the patient grumbled about how long you were taking. After you both left the room, Joshua asked what happened and you told him everything went fine. Now, the nurse manager, Sasha, wants to speak with you.

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Role-Play Scenario #1

#### Observer's Notes Sheet

What did you observe?	Notes
<b>Verbal Cues</b>	
1. How well did the manager use the P-E-C feedback method? Did the manager use: <ul style="list-style-type: none"> <li>• Clear, simple language</li> <li>• Concrete examples of behaviors</li> <li>• Questions and active listening</li> <li>• Clear summary of next steps</li> </ul>	
2. What did the manager say that was very effective?	
3. What might the manager consider phrasing differently?	
4. About how much time did the manager spend talking versus listening?	<ul style="list-style-type: none"> <li>• Talking: _____%</li> <li>• Listening: _____%</li> </ul>
5. How well did the employee accept the feedback?	
<b>Nonverbal Cues</b>	
1. Describe the overall tone of the conversation (e.g., stressful, easygoing, tense, frustrating, productive).	
2. Did you observe any of the following for the manager? For the employee? <ul style="list-style-type: none"> <li>• Leaning back in the chair, yawning, looking at the clock (or other indications of disinterest)?</li> <li>• Smiling, nodding, keeping eye contact (or other indications of interest)?</li> <li>• Avoiding eye contact, crossed arms, fidgeting (or other indications of agitation)?</li> </ul>	
3. What nonverbal signals did the manager send that were particularly effective? Ineffective?	
4. Any other observations?	

Source: HR Advancement Center research and analysis.

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Role-Play Scenario #2

#### Manager Role – Carlos

You are the regional pharmacy manager for Hillside Health Care System with just two years of experience in this role. You had been the pharmacy manager at one of the organization's facilities for 20 years. But when the regional position opened up, you decided it could be a great learning opportunity for you and a chance to mentor other pharmacy managers to help them build their leadership skills.

One of your pharmacy managers is quite a shining star. Anita was promoted only a year ago, but you see a great career ahead of her at the organization. She is technically one of the best pharmacists you've worked with, and three years ago, in just her first year on the job, she brought up an innovative idea for changing the pharmaceutical supply management system. After some initial reluctance by the leadership team to change things, she demonstrated through financial modelling the cost savings the new system would create and they were convinced. The organization decided to pilot the system at South Hospital and then roll it out to other facilities if it proved successful. It did, and now the whole system is on board.

Everything runs so smoothly at Anita's pharmacy. You never hear of any issues, the supplies and documents are always perfect, and Anita goes to great lengths to research which medications would be best for the patients. When the annual employee engagement pulse-check survey results came back two months ago, you noticed something strange. Anita's pharmacy staff were the least engaged of any of the pharmacies in your system. At first you thought it must have to do with the terrible cafeteria and parking conditions at South Hospital. But one person left anonymous qualitative comments about Anita. "She's a great pharmacist, but she's so controlling of everything and I don't have a chance to learn or help. I'm really interested in job growth, so this is frustrating." You decided to investigate further. With annual performance reviews coming up soon, you needed to do more in-person rounding anyway.

While at South Hospital, as expected you found everything in tip-top shape. When you chatted with staff, most said they were quite satisfied with the work and very supportive of Anita. But as you watched the group interact, you could see that Anita singlehandedly performed inventory checks, spoke with physicians regarding patient medications, dealt with suppliers, and more. While she was running the show, most of her staff stepped out of the way and got home on time. Still, you thought she might just be trying to impress you while you were visiting. Then at the team's weekly meeting, you listened in from the back of the room. At the end of the regular check-in meeting, Anita explained a new idea for further enhancing the pharmacy management system and asked for two volunteers to help. No one volunteered. Clearly embarrassed, Anita made a quick joke and then "volunteered" two staff for the job. The "volunteered" pharmacist responded: "Look, I'd really like to help you here, but I don't see how. You haven't involved us in any of the work so far, so I'm just not sure I can help." Then you knew you had to speak with Anita about staff development and engagement—something she seems to be struggling with.

**You can jot down your thoughts and P-E-C message on the next page before meeting with Anita.**

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Role-Play Scenario #2

#### Performance-Expectation-Consequence (P-E-C) Message

P Is for Performance	E Is for Expectation	C Is for Consequence

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Role-Play Scenario #2

#### Employee Role – Anita

You have been working as a pharmacist at South Hospital for the past four years. You are an excellent pharmacist, and have won recognition from the organization for reducing costs through a new pharmaceutical supply management system. Prompted by this success, and with the recent retirement of the former pharmacy manager, the organization promoted you to pharmacy manager about a year ago. You now oversee a team of 10 pharmacists and technicians. This was a really fast advancement track for the organization, but you are clearly a top-performing pharmacist and have your eye on becoming the regional pharmacy manager one day. Part of what makes you so successful is your tight control of systems and protocols. In fact, you often prefer to do things yourself rather than let other, less diligent employees muddle through. This often means you end up staying late to take on the extra work, and frankly, you can't see why your employees don't just step up their game too. Can't they see that their sloppy efforts slow things down?

Your boss, Carlos, the regional manager, has taken an interest in supporting your transition to new manager. But he usually only comes around once a quarter, so mostly you just get on with the work at hand. Also, you don't want to raise any issues or send the message that you're not totally on top of things. Reviews are coming up in a few months, so your boss has been dropping by more frequently to see how things are going and to chat with you and your staff. In your team meeting this week, you proudly explained your plan to roll out a new phase of the pharmacy management system you created. When you asked for a pharmacist and technician to help you get the idea off the ground, no one volunteered. Feeling a bit embarrassed because Carlos was in the room, you made a joke about "not everyone rushing at once," and decided on the spot to pick two people instead. The pharmacist you picked actually had the nerve to resist helping—he said something about not knowing how to be helpful—and made you both look bad. You weren't terribly surprised when your boss Carlos asked to meet with you the next day.

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Role-Play Scenario #2

#### Observer's Notes Sheet

What did you observe?	Notes
<b>Verbal Cues</b>	
1. How well did the manager use the P-E-C feedback method? Did the manager use: <ul style="list-style-type: none"> <li>• Clear, simple language</li> <li>• Concrete examples of behaviors</li> <li>• Questions and active listening</li> <li>• Clear summary of next steps</li> </ul>	
2. What did the manager say that was very effective?	
3. What might the manager consider phrasing differently?	
4. About how much time did the manager spend talking versus listening?	<ul style="list-style-type: none"> <li>• Talking: _____%</li> <li>• Listening: _____%</li> </ul>
5. How well did the employee accept the feedback?	
<b>Nonverbal Cues</b>	
1. Describe the overall tone of the conversation (e.g., stressful, easygoing, tense, frustrating, productive).	
2. Did you observe any of the following for the manager? For the employee? <ul style="list-style-type: none"> <li>• Leaning back in the chair, yawning, looking at the clock (or other indications of disinterest)?</li> <li>• Smiling, nodding, keeping eye contact (or other indications of interest)?</li> <li>• Avoiding eye contact, crossed arms, fidgeting (or other indications of agitation)?</li> </ul>	
3. What nonverbal signals did the manager send that were particularly effective? Ineffective?	
4. Any other observations?	

Source: HR Advancement Center research and analysis.

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Role-Play Scenario #3

#### Manager Role – Trey

You are a manager overseeing patient registration and admissions at Legacy Hospital. You have more than 10 years of experience—the past five at Legacy—and you have great rapport with Kevin, one of your employees here. He has always been a very diligent, responsible employee who takes pride in his work and enjoys helping patients get the care they need. Because of his strong work ethic and his commitment to helping patients, when Legacy was recently acquired by a larger system and had to reorganize roles, you really wanted to give Kevin more responsibilities and a chance to interact in person with patients. After discussing his potential with other managers, you decided to offer Kevin a change from call center-based scheduling to patient-facing registration. He's so knowledgeable already about the scheduling process and software, this would just give him more opportunities to see the impact of his efforts by working in person with patients. Because Kevin can sometimes be shy, you've had to work with him a little bit on his speaking and communication skills. But overall he has a great demeanor and seems to have transitioned just fine—no extra training needed.

Unfortunately and surprisingly, someone from your team complained that Kevin's patient registration paperwork was sometimes incomplete. You were trying to think about what could be wrong, when you got an email reminder about the system's diversity awareness training this month. The reminder said that incomplete patient registration is one of the main ways organizations fail to capture data about patient race, ethnicity, and primary language; information that helps provide higher quality care for all patients. You hadn't really thought this could be an issue for Kevin, but decided to look into it. You changed your rounding schedule so you could stop by and observe him registering patients a few times this week. While he appeared to have no trouble with patients who spoke English as a first language, you observed two strained conversations with patients who did not speak English as their primary language. After checking into the documents post-registration, you saw that Kevin left gaps in the patient demographics section. You need to speak with Kevin.

**You can jot down your thoughts and P-E-C message below before meeting with Kevin.**

### Performance-Expectation-Consequence (P-E-C) Message

P Is for Performance	E Is for Expectation	C Is for Consequence

Source: Talent Development, *Coaching for Optimal Outcomes*, 2013; HR Advancement Center research and analysis.

# Tool #2: Difficult Feedback Role-Play

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## Handouts for Workshop Participants

### Role-Play Scenario #3

#### Employee Role – Kevin

You recently transitioned to a new role as patient registrar after five years of service as an appointment scheduler in Legacy Hospital's call center. You work hard at your job, you're always on time, and you always leave on time to get home to your family. Your transition came about when Legacy was acquired by a larger health system three months ago. Now your role includes more face-to-face interaction with patients whereas before you were just on the phone in the call center all day. You are naturally shy, so at first you were worried about this change. But you really enjoy making patients' day by helping them find an appointment, so you figured it might add more meaning to your work to see and interact with patients in person.

So far everything has been going well. You already knew all about the scheduling process and software, and you're even starting to enjoy meeting new people every day. One thing you've found challenging is understanding and communicating with patients who don't speak English as a first language. Your boss has chatted with you about speaking up more, smiling, and making eye contact, but he never said anything helpful about handling language barriers. Normally very methodical and thorough, you're struggling to complete patient registration information. You also feel anxious about making the patients feel uncomfortable, so you typically just smile and try to get by as best you can. You often skip or make your best guess at the patient's ethnicity—no one's really looking into this data anyway; the insurance information is the most important and that you can usually just get from an insurance card. Besides, you're getting along fine with most of the patients. Your boss asked you to stay late today to talk about your performance in your new role. You've known him for years and this is the first time he's wanted to speak with you in private—you're upset and worried you have disappointed him but you are not sure how.

# Tool #2: Difficult Feedback Role-Play

## Handouts for Workshop Participants

### Role-Play Scenario #3

#### Observer's Notes Sheet

What did you observe?	Notes
<b>Verbal Cues</b>	
1. How well did the manager use the P-E-C feedback method? Did the manager use: <ul style="list-style-type: none"> <li>• Clear, simple language</li> <li>• Concrete examples of behaviors</li> <li>• Questions and active listening</li> <li>• Clear summary of next steps</li> </ul>	
2. What did the manager say that was very effective?	
3. What might the manager consider phrasing differently?	
4. About how much time did the manager spend talking versus listening?	<ul style="list-style-type: none"> <li>• Talking: _____%</li> <li>• Listening: _____%</li> </ul>
5. How well did the employee accept the feedback?	
<b>Nonverbal Cues</b>	
1. Describe the overall tone of the conversation (e.g., stressful, easygoing, tense, frustrating, productive).	
2. Did you observe any of the following for the manager? For the employee? <ul style="list-style-type: none"> <li>• Leaning back in the chair, yawning, looking at the clock (or other indications of disinterest)?</li> <li>• Smiling, nodding, keeping eye contact (or other indications of interest)?</li> <li>• Avoiding eye contact, crossed arms, fidgeting (or other indications of agitation)?</li> </ul>	
3. What nonverbal signals did the manager send that were particularly effective? Ineffective?	
4. Any other observations?	

Source: HR Advancement Center research and analysis.



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## Help Individual Managers See and Correct Rating Errors

*Section II*



# Tool #3: One-on-One Conversations with Managers About Their Ratings

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**Overview:** This guide equips HR staff and/or operational leaders to talk to managers about their downward performance ratings. The aim of the discussion is to help managers understand how (and when) they might want to change the percentage of staff they rated “high, middle, and low.”

**Note:** This discussion guide corresponds to three tools within **The Manager’s Guide to Accurate Evaluations**: *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low,”* *Tool #6: How to Adjust Staff Ratings to Reflect Performance Differences,* and *Tool #7: Build a Case for Keeping Your Rating Distribution.*

**Intended User:** Anyone who wants to talk to a manager about the percentage of staff that manager rated “high, middle, and low.”

**Goal:** To help you explain to managers why their percentage of staff rated “high, middle, and low” may need to change—and how to do so quickly and fairly.

**Estimated Time Required:** 15 to 30 minutes per manager.

## Note on Use:

**Option 1:** Focus on raising manager awareness of their percentage of staff rated “high, middle, and low.” Do not suggest managers change their downward ratings.

- Follow the steps for Option 1 on pages 58 and 59.
- Before meeting with managers, familiarize yourself with *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low”* (available in **The Manager’s Guide to Accurate Evaluations**).

**Option 2:** Suggest managers change their percentage of staff rated “high, middle, and low” in order to meet recommended guidelines or target percentages for the rating distribution.

- Follow the steps for Option 2 on pages 60 through 64.
- Before meeting with managers, familiarize yourself with *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low,”* *Tool #6: How to Adjust Staff Ratings to Reflect Performance Differences,* and *Tool #7: Build a Case for Keeping Your Rating Distribution* (available in **The Manager’s Guide to Accurate Evaluations**).

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## Option 1

### 1 Schedule time to meet one-on-one with any manager whose performance rating distribution you want to discuss

Schedule a private meeting with any managers whose percentage of staff rated “high, middle, and low” (or rating distribution) you want to discuss.

Potential managers you might want to meet with include:

- New managers to the organization
- Managers who have recently been promoted to a leadership role
- Managers whose initial “high, middle, and low” percentages fall outside the organization’s target distribution
- Managers who have given staff members disciplinary write-ups during the evaluation period
- Managers whose departments have been affected by organizational changes (e.g., mergers and acquisitions)

### 2 Introduce yourself and explain the purpose of your meeting

Introduce yourself and ensure the manager has a copy of *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low”* (available in **The Manager’s Guide to Accurate Evaluations**).

Explain why you are meeting. Key points to cover include:

- What “high, middle, and low” rating percentages are:
  - These percentages show the relative amount of staff getting each rating. This is also known as your rating distribution.
  - The rating distribution shows if you have a tendency to rate in a certain way—such as too high or too low.
- How to calculate your “high, middle and low” rating percentages

**Note:** Refer to the Manager FAQs on page 59 of this guide for answers to common questions.

### 3 Help the manager calculate the percentage of his or her staff rated “high, middle, and low”

Follow the instructions in *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low”* (available in **The Manager’s Guide to Accurate Evaluations**) to help the manager calculate his or her rating distribution.

**Note:** Your organization may ask managers to complete this step before you meet with them. If so, quickly verify the manager has completed the worksheet correctly.

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## 4 Ask probing questions to help the manager reflect on his or her rating distribution

Prompt the manager to reflect on his or her rating distribution by asking:

- Do you have any questions about the math? Or would you like me to go over any sections of the worksheet again?
- What do you think about your rating percentages?
- Do any of the percentages surprise you? Or are they about what you would expect?
- Do any of them seem too big? Or too small?

## 5 Wrap up your meeting

Thank the manager for his or her time and explain that there are no next steps.

## Manager FAQs and Sample Answers

Manager Questions	Sample Answers
Why do I have to do this worksheet?	This worksheet will help you see the percentage of staff you rated “high, middle, and low.” It can be helpful to double-check if your percentages seem to accurately capture how your staff performed this year.  Seeing the percentages can also help you see your own rating tendencies. Do you tend to rate higher or lower than average?
Shouldn't I evaluate each employee separately and not compare them?	You evaluate each employee first, and then do this worksheet to see what percentage of your staff you rated high, middle, and low. Because managers evaluate each employee separately, some never step back and see how they rated their team overall. This exercise will give you that view.
What should my rating percentages be?	There is no right or wrong answer here. The ratings only need to be fair and accurate. In general, most staff are middle performers, so about 60% to 70% of any group of staff are usually in this range.

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## Option 2

### 1 Schedule time to meet one-on-one with any manager whose performance rating distribution you want to discuss

Schedule a private meeting with any managers whose percentage of staff rated “high, middle, and low” (or rating distribution) you want to discuss.

Potential managers you might want to meet with include:

- New managers to the organization
- Managers who have recently been promoted to a leadership role
- Managers whose initial “high, middle, and low” percentages fall outside the organization’s target distribution
- Managers who have given staff members disciplinary write-ups during the evaluation period
- Managers whose departments have been affected by organizational changes (e.g., mergers and acquisitions)

### 2 Introduce yourself and explain the purpose of your meeting

Introduce yourself and ensure the manager has a copy of *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low”* (available in **The Manager’s Guide to Accurate Evaluations**).

Explain why you are meeting. Key points to cover include:

- What “high, middle, and low” rating percentages are:
  - These percentages show the relative amount of staff getting each rating. This is also known as your rating distribution.
  - The rating distribution shows if you have a tendency to rate in a certain way—such as too high or too low.
- How to calculate your “high, middle and low” rating percentages
- The goal of comparing the manager’s “high, middle, and low” percentages to the organization’s target percentages, e.g.:
  - We’re going to see how the percentage of staff you rated “high, middle, and low” compares to the percentages we are hoping to see across the organization.
  - Our organization is trying to get all managers to stay within our target range of high, middle, and low performers. We have a target range to help us better differentiate staff performance. If we don’t set target ranges, we aren’t as able to recognize the really good (or struggling) performers.
  - Your percentages don’t have to be identical (especially for managers with relatively few direct reports), but we want them to be similar. This helps ensure that you are applying the rating scale in the same way as other managers. This helps us make sure evaluations are fair across the entire organization.

**Note:** Refer to the Manager FAQs on page 64 of this guide for answers to common questions.

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## 3 Help the manager calculate the percentage of his or her staff rated “high, middle, and low”

Follow the instructions in *Tool #5: Calculate the Percentage of Your Staff Rated “High, Middle, and Low”* (available in **The Manager’s Guide to Accurate Evaluations**) to help the manager calculate his or her rating distribution.

**Note:** Your organization may ask managers to complete this step before you meet. If so, quickly verify the manager has completed the worksheet correctly.

## 4 Ask probing questions to help the manager reflect on his or her rating distribution

Prompt the manager to reflect on his/her rating distribution by asking:

- Do you have any questions about the math? Or would you like me to go over any sections of the worksheet again?
- What do you think about your rating percentages?
- Do any of the percentages surprise you? Or are they about what you would expect?
- Do any of them seem too big? Or too small?

## 5 Ask the manager to reflect on how his or her distribution compares to your organization’s recommended distribution

Share your organization’s recommended percentages for “high, middle, and low” staff ratings.

To prompt the manager to reflect on how the two rating distributions compare, ask the following questions:

- How different (or similar) is your rating distribution from the organization’s target distribution?
  - Does this surprise you?
- [If different] Why do you think your rating distribution is different?
  - What could be the cause?
  - What do you think you could do to help bring your rating distribution into closer alignment with the organization’s distribution?
- [If similar] Why do you think your rating distribution is similar to the target?
  - How did you evaluate your employees? Can you walk me through your process? I want to understand how you did it.

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## 6 (If needed): Share two ways the manager can bring his or her distribution closer to the recommended distribution

Sample talking points:

- Our organization is trying to get all managers to stay within our target range of high, middle, and low performers. We have a target range to help us better differentiate staff performance. If we don't set target ranges, we aren't as able to recognize the really good (and really struggling) performers.
- If you'd prefer to adjust some of your initial staff ratings and change your percentages of "high, middle, and low," we can discuss techniques for quickly and thoughtfully adjusting your ratings. (This is covered in Step 7 below.)
- Or, sometimes there's a really good reason for your rating distribution to be different from the recommended distribution. If you think that's the case for your team, we can talk about how you can build a case for keeping your rating distribution as it is. (This is covered in Step 8 on the next page.)
- Usually, you should first try to revise ratings before seeking approval for a different distribution.

## 7 Share resources to help the manager revise his or her ratings

Ensure the manager has a copy of *Tool #6: How to Adjust Staff Ratings to Reflect Performance Differences* (available in **The Manager's Guide to Accurate Evaluations**). Review the guidelines together.

Cover these points:

- These guidelines will help you decide which employees' ratings you should double-check. Since most of your employees should receive middle performance ratings, start by double-checking staff with the highest and lowest ratings.
- They will also help you identify which employees are on the fence between two ratings and help you decide which rating to give.

Make sure the manager understands these guidelines. Ask the following questions:

- Do you have any questions about the guidelines?
- How many employees' ratings do you think you need to adjust?
- Can you think of particular staff members whose ratings you might want to change? Or do you think that will be tough?

Clarify the next steps and deadlines. Inform the manager of:

- Deadline for revising ratings
- Any additional next steps

# Tool #3: One-on-One Conversations with Managers About Their Ratings

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## 8 Explain how the manager can seek approval for his or her current rating distribution

Ensure the manager has a copy of *Tool #7: Build a Case for Keeping Your Rating Distribution* (available in **The Manager's Guide to Accurate Evaluations**). Review the worksheet together.

Suggested talking points:

- This worksheet helps you build a case to support why your rating distribution should be different than the organization's target distribution. Typically, managers with really high or really low performing teams, or managers with very small teams, may have a strong rationale for having a different rating distribution. If this sounds like your team, you can use this worksheet to explain your rationale.
- The first two steps include ways you can demonstrate above average performance, including:
  - Meeting all your goals
  - Exceeding at least half of your goals
  - Outperforming the organization's average performance in strategic areas
- Step 3 is your chance to summarize your rationale for keeping your different rating distribution. Skip right to this step if you're not seeking to prove above average performance.
- We also ask you to discuss this with your supervisor to gain his or her support for your request.

Make sure the manager understands the worksheet. Ask the following questions:

- Do you have any questions?
- Are you interested in seeking approval for your rating distribution?
- What kinds of criteria could you use to justify your rating distribution?

Clarify the next steps and deadlines. Inform the manager of:

- Deadline for turning in the rating distribution approval worksheet
- Whom to submit the worksheet to
- How the organizations will evaluate requests to keep current rating distributions, and what to do if the request for approval is accepted (or not)

## 9 Wrap up the discussion

Thank the manager for his or her time. Ensure the manager has no further questions, is aware of the deadlines, and knows who he or she should contact with any additional questions.

# Tool #3: One-on-One Conversations with Managers About Their Ratings

## Manager FAQs and Sample Answers

Manager Questions	Sample Answers
Why do I have to calculate the percentage of my staff rated “high, middle, and low”?	It can be helpful to double-check if your percentages seem to accurately capture how your staff performed this year. Seeing the percentages can also help you see your own rating tendencies. Do you tend to rate higher or lower than average?
Why do I have to justify my rating distribution?	<p>Our organization is trying to get all managers to stay within our target range of high, middle, and low performers. We have a target range to help us better differentiate staff performance. If we don't set target ranges, we aren't as able to recognize the really good (and really struggling) performers.</p> <p>So we ask managers to justify their rating distribution if it's outside our target range as an extra push to get us all to think hard about how we're rating our staff as a whole.</p>
Shouldn't I evaluate each employee separately and not compare them?	You evaluate each employee first, and then calculate the percentage of your staff you rated high, middle, and low. Because managers evaluate each employee separately, some never step back and see how their team is rated overall. This exercise will give you that view.
How did [organization] establish a target performance distribution?	<p><i>Depending on the circumstances, your answer could include:</i></p> <ul style="list-style-type: none"> <li>• <i>Our target distribution is the average of all performance ratings.</i></li> <li>• <i>We know that high-performing organizations use this rating distribution target. We're hoping to be as successful, so we're also attempting to follow these guidelines.</i></li> </ul>
My ratings are accurate. What if I don't want to revise them?	If your ratings are accurate, the approval worksheet will help you build your case for keeping your current rating distribution.
My department is excellent! Why do I have to force my staff into lower ratings?	You don't. If you feel that your staff deserve above average ratings, use the approval worksheet. This will help you build a case for why your staff deserve above average ratings.
I completed the approval worksheet, but did not meet all the requirements. What now?	<i>This answer will largely depend on what your leadership team has decided. Explain your organization's process. You may require the manager's one-up to approve the worksheet. Or there may be other approval channels (such as HR).</i>
I completed the approval worksheet and met all the requirements. What now?	<i>This answer will largely depend on what your leadership team has decided. Explain your organization's next steps after completing the justification worksheet. You may want to tell the manager who to give the worksheet to, by when, and how to know if the worksheet has been approved or not.</i>

Source: HR Advancement Center research and analysis.



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*Section III*

## Use Calibration Sessions to Double-Check Staff Ratings



# Tool #4: Get Leadership Buy-In for Calibration Sessions

**Overview:** HR leaders can use this guide to address senior leaders' frequently asked questions (and pushback) about performance calibration sessions.

**Intended User:** HR leaders.

**Goal:** To equip you with answers to common questions and concerns about performance calibration sessions.

**Estimated Time Required:** 15 minutes to review; 10 to 30 minutes to discuss with other leaders.

## 1 What are performance calibration sessions?

Calibration sessions are a way for us to ensure we're rating consistently across the organization. Calibration sessions involve gathering a group of leaders in a room and having them discuss the ratings they gave to their direct reports. The goal is to double-check that everyone is grading the same way and to correct for any easy or hard graders if necessary.

## 2 What are the goals of performance calibration?

Calibration sessions let us double-check that all leaders are rating consistently—and give us a chance to identify (and correct) easy and hard graders.

Calibration sessions also give leaders an opportunity to hear additional opinions and perspectives about an employee's performance. They can use this information to update their evaluations and make them even more detailed and accurate.

Additional benefits of calibration include:

### ✓ **Getting everyone on the same page about the rating scale and expectations for staff**

The core of calibration sessions is asking leaders to explain why they rated staff a certain way. Other leaders can weigh in, and through the discussion, all participants will reach a shared understanding of the rating scale.

### ✓ **Encouraging thoughtful performance reviews**

Calibration sessions create positive peer pressure since leaders know they will have to explain why they gave an employee a certain rating. This inspires leaders to be deliberate when evaluating staff.

### ✓ **Surfacing (and reducing) potential biases**

During calibration sessions, leaders have the opportunity to speak up if they believe another leader's rating is unjustified, biased, or not reflective of an employee's performance. Through listening to peers discuss their ratings, leaders also have the opportunity to reflect on their own ratings and potential biases.

### ✓ **Preparing leaders to provide effective feedback to their employees**

The process of presenting their ratings during the calibration session (and receiving the group's feedback) prepares leaders to deliver detailed feedback to their direct reports.

### ✓ **Fairly and accurately allocate rewards, promotions, and development resources**

Calibration sessions help us fight grade inflation. If we have grade inflation it is hard to know who has truly earned promotions or financial rewards—and who hasn't. In other words, calibration sessions help us differentiate the performance of our staff so that we can customize rewards (or assistance) to each individual.

Source: HR Advancement Center research and analysis.

# Tool #4: Get Leadership Buy-In for Calibration Sessions

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## 3 Does this mean we have to force rank and fire people?

Absolutely not. Sometimes the popular media confuses calibration sessions with forced ranking or fixed rating distribution curves. They are totally different. Forced ranking or fixed distribution curves require leaders to give a certain percentage of their employees a particular rating. While the exact percentages vary by organization, you often see that leaders are asked to grade 20% of their direct reports as top performers, 70% as middle performers, and 10% as low performers. Companies often use calibration sessions if they have forced ranking, but using calibration doesn't mean you MUST adopt forced ranking. Calibration sessions just mean we're discussing our ratings and our rationale to ensure we're grading fairly across the organization.

## 4 Why do you think we need calibration sessions?

Right now we don't have a method to ensure all leaders are applying our grading scale in the same way. Some are probably easy graders and some are probably hard graders—and don't even realize it. Calibrating our ratings will help us be more fair and transparent. The sessions are essentially a checks and balances system, and are a critical step in making sure evaluations have purpose and meaning.

## 5 How will we know if these work?

During the session, we will get a big picture view of how leaders grade and see if everyone is applying our grading scale consistently. After the session, we'll hopefully see improvements in the questions about the effectiveness and fairness of the annual review in our employee engagement survey. Also, we hope that by identifying top talent and accurately differentiating employee performance, we will develop stronger succession plans. Finally, we hope to see improved retention of high performers and a lower percentage of low performers who remain low performers in the following few years.

## 6 Do other organizations use performance calibration?

American Airlines, Churchill Downs, Direct Energy, and Whirlpool are just a few examples of companies that have performance calibration sessions. Some of these companies (for instance, American Airlines) use both a fixed rating distribution AND calibration, but we are only talking about calibration.

In fact, calibration is more common than you might think. Nationally, about half of all companies conduct calibration sessions as part of their performance review process.

## 7 Didn't some of these companies stop doing calibration? Doesn't it have a bad rap?

You are probably thinking about Microsoft and GE who have been in the news recently for stopping their use of what detractors called "rank and yank"—where the lowest ranked employees were at risk of being moved out of the organization. But performance calibration is not forced ranking and it's certainly not rank and yank.

# Tool #4: Get Leadership Buy-In for Calibration Sessions

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## 8 Does this mean we vote on ratings as a group? Do I still get to rate my own team?

Performance calibration sessions are not a group vote on ratings. Leaders are still in charge of evaluating their own team. Calibration sessions do provide an opportunity for leaders to see how their grading compares to that of their peers. Leaders can use the information shared in the calibration session to vet or adjust their own evaluations.

## 9 What will our employees think about this calibration idea?

We should be prepared to face three main employee concerns:

### 1. Misconceptions about forced ranking or rank and yank

To help ease concerns about rank and yank, we will send out a one-pager with information about what calibration sessions are and how they are different from forced rankings. In this one-pager, we will also explain our plan for lower performers to alleviate potential fears about rank and yank (or penalties for being ranked at the bottom).

### 2. Discomfort with the idea of being discussed in front of a lot of people

No one likes to be talked about behind his or her back. To alleviate this, we will clearly show all the steps of the calibration session and provide information about the process beforehand. We will also ensure that leaders debrief with staff during their review discussion to talk about what they have done well and what to work on.

### 3. Lack of trust that leaders will be able to present a favorable image of employees because they believe their supervisors don't know them

We will explain that having additional sets of eyes on things may actually work to the employee's advantage, since other leaders (who may know an individual employee better) will also be able to speak to his or her work.

To help with general staff buy-in, we can use this type of communication strategy:

- A. The first year that we hold calibration sessions, gather all leaders for short meetings explaining the calibration process.
- B. Send three rounds of emails about the sessions to employees:
  - i. First to explain what calibration is in general terms
  - ii. Second to specifically address leader and employee concerns
  - iii. Third to detail all the information leaders will need for the session and how to prepare for the meeting
- C. In addition, we'll designate an HR point of contact that can answer any questions or concerns staff may have about the performance calibration process.

## Tool #4: Get Leadership Buy-In for Calibration Sessions

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### **10 We have a lot of other meetings focused on employee performance. Are calibration sessions redundant?**

No. We do have a lot of different meetings about employee performance, but calibration sessions are different and very focused. They are the only way we can check to see that groups of leaders are using the evaluation scale consistently and fairly. Nothing else we do—the trainings or one-on-one conversations—helps us hold leaders accountable for their ratings.

Calibration sessions won't overlap with our meetings on compensation, job openings, or budgets. We won't use the sessions to create detailed performance improvement plans for underperforming staff. We may uncover a performance problem during sessions, but we will take the discussion about what to do next off-line. And, we won't use calibration sessions to create succession plans for high-performing employees.

### **11 Wait—performance calibration is different from succession planning?**

Yes. Performance calibration focuses on reviewing performance over the past year, whereas succession planning is about building plans to ensure that high-performing employees have the necessary skills to easily step into their next position in the future.

Calibration sessions reinforce succession planning because they help us identify our rising stars and talk about what future roles they'd be a good fit for. But that's it. The purpose of the calibration session is to make sure leaders are using our rating scale consistently across the house, not to develop a succession plan.

# Tool #5: Design the Right Calibration Sessions for Your Organization

**Overview:** HR leaders can use this guidance to design performance calibration sessions that will best meet their organization's needs.

**Intended User:** HR leaders.

**Goal:** To help you clarify your goal for performance calibration and decide who should participate, what information they should share, and how long they should present.

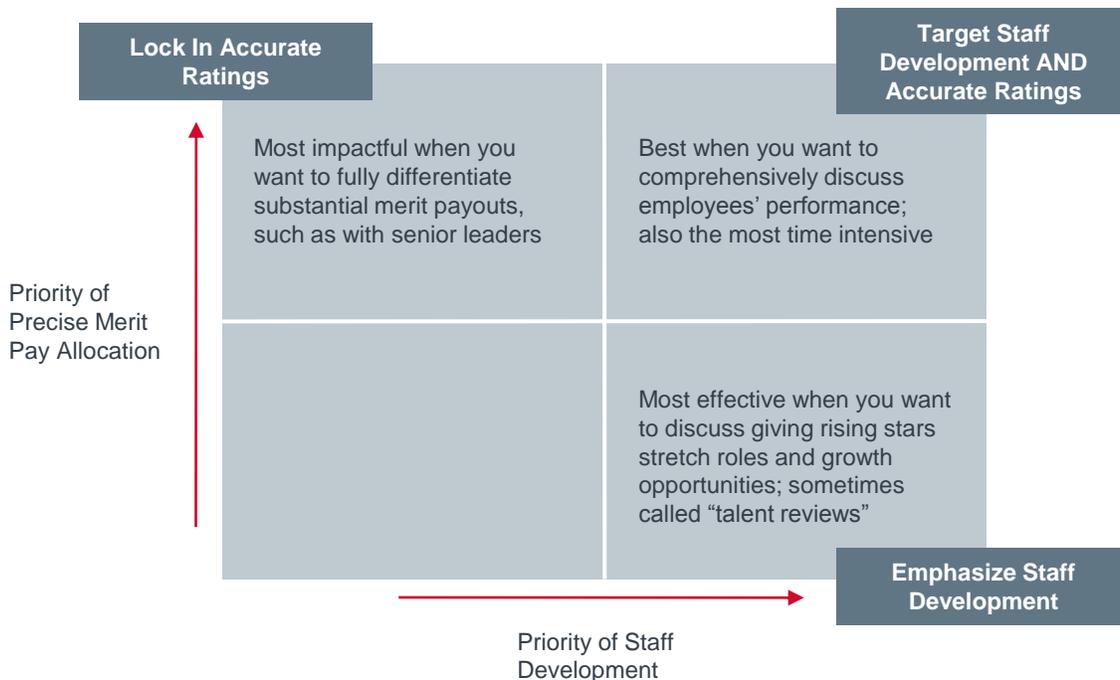
**Estimated Time Required:** 30 minutes to read and consider the options in this guide.

## 1 Clarify your goal

Performance calibration sessions help organizations ensure leaders are consistently rating their employees—and that no easy or hard graders are flying under the radar. Ultimately, the accuracy and consistency of evaluations matters for two reasons: 1) to improve merit pay allocation, and 2) to identify top talent (and broader staff development opportunities).

These two goals aren't mutually exclusive, but thinking through how much you want to prioritize one versus the other will help you design calibration sessions to meet your needs. Use the grid below to guide your decision.

### Performance Calibration Goals and Recommendations



**Note:** Resist the temptation to create a single session that combines performance calibration and succession planning. While the two are related, they serve different purposes. Performance calibration focuses on accurately and fairly rating past performance. Succession planning draws on these accurate performance ratings to identify high performers to groom for specific future openings.

Source: HR Advancement Center research and analysis.

# Tool #5: Design the Right Calibration Sessions for Your Organization

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## 2 Choose the level of employees you want to calibrate

We recommend introducing calibration sessions at a senior leadership level. This requires less time (because fewer people are involved) and demonstrates executive buy-in. We recommend having your first calibration session focus on director performance—in other words, have your VPs discuss the performance of their direct reports.

Only consider expanding calibration sessions beyond the director level after you have a proven track record. While you might eventually expand calibration sessions to include manager performance, in nearly all instances it is too time consuming to calibrate frontline staff. The only organizations that might consider frontline staff calibration are those that want extra assurance that frontline merit increases (based on performance ratings) are fair and consistent.

## 3 (If needed) Create apples-to-apples calibration groups

It is difficult to discuss the performance of more than 65 employees—or to ask more than 30 leaders to present—in a single session. If your planned session is larger than this, you will need to split it into smaller groups.

When you split into smaller groups, keep one thing in mind: create groups based on the direct reports' characteristics. You want the leaders to discuss the performance of similar direct reports so they can make apples-to-apples comparisons. Typically this means the direct reports should be from the same department, in the same job function, and at the same level.

## 4 Decide what information leaders present during calibration sessions

Most calibration sessions have two basic parts: first, individual leaders present specific performance information about their direct reports; second, as a group, leaders review employees' ratings and double-check that employees who received the same rating actually performed the same.

The table on page 73 relates to the first part. (Note: for information on how to facilitate the second part see *Tool # 7: How to Lead Effective Calibration Discussions* on pages 79 through 84.) The table contains our recommendations on who leaders should present and what information should be discussed. The recommendations reflect the different potential goals of calibration and how you could allocate time differently to advance these goals. Review the recommendations in the table and adapt as needed.

# Tool #5: Design the Right Calibration Sessions for Your Organization

## Recommended Structure for Calibration Sessions by Goal

Goal	Who Leaders Present	What Leaders Say	Time Per Presentation
<b>Lock In Accurate Ratings</b>	<p>To ensure the most accurate ratings possible, you need to present all performers. One effective way is to have leaders present staff in waves according to staff rating:</p> <ol style="list-style-type: none"> <li>1) Start by quickly presenting highest and lowest rated staff</li> <li>2) Spend the most time discussing second-highest and second-lowest rated staff (e.g., 4's and 2's on a 5-point scale)</li> <li>3) Finish by presenting middle performers (as time allows)</li> </ol>	<ul style="list-style-type: none"> <li>• Employee's name</li> <li>• Rating</li> <li>• 3-4 main points explaining rationale for the rating</li> <li>• Any concerns about the rating</li> </ul>	<p>2-3 minutes for highest and lowest rated staff</p> <p>3-5 minutes for second-highest and second-lowest rated staff</p> <p>1-2 minutes for middle performers</p>
<b>Emphasize Staff Development</b>	<p>You have <b>two options</b>:</p> <ul style="list-style-type: none"> <li>• Present all staff members and spend a disproportionate amount of time on high performers</li> <li>• Only discuss high performers (for time constrained organizations)</li> </ul>	<ul style="list-style-type: none"> <li>• Employee's name</li> <li>• Rating</li> <li>• 3-4 main points explaining rationale for the rating</li> <li>• Notable 1-2 accomplishments</li> <li>• Notable 1-2 areas for development</li> <li>• Potential for promotions or stretch roles</li> <li>• Specific questions about the employee or rating</li> </ul>	<p>3-5 minutes for high performers</p> <p>1-2 minutes for other performers</p>
<b>Target Staff Development AND Accurate Ratings</b>	<p>To ensure rating accuracy and still allow time for staff development, you need to present all performers thoroughly but efficiently. One way to do this is:</p> <ol style="list-style-type: none"> <li>1) Spend the most time presenting middle and high performers</li> <li>2) Present second-lowest rated staff, focusing on identifying "ups" and "outs" (e.g., those who would improve performance with extra support, and those who will likely not improve and should be managed out or to another role)</li> <li>3) Finish by presenting lowest rated staff (as time allows)</li> </ol>	<ul style="list-style-type: none"> <li>• Employee's name</li> <li>• Rating</li> <li>• 3-4 main points explaining rationale for the rating</li> <li>• Notable 1-2 accomplishments</li> <li>• Notable 1-2 areas for development</li> <li>• Potential for promotions or stretch roles</li> <li>• Any questions or concerns about the rating or staff development issues</li> </ul>	<p>3-5 minutes for middle and high performers</p> <p>2-3 minutes for second-lowest rated staff</p> <p>1-2 minutes for lowest rated staff</p>

Source: HR Advancement Center research and analysis.

# Tool #5: Design the Right Calibration Sessions for Your Organization

## 5 (Optional) Consider skipping leader presentations and going straight to double-checking ratings

While most calibration sessions have two components (leaders first present individual direct reports, then the group discusses employees receiving the same rating to double-check that they performed the same), it is faster to skip directly to the double-checking.

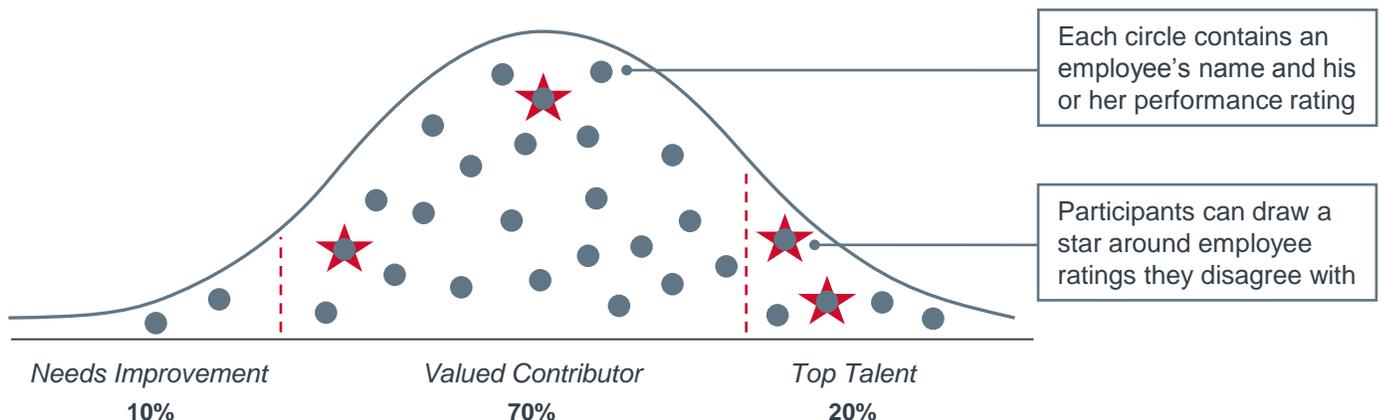
If you are time constrained and want to adopt this approach, you need to know where to focus the group discussion. There are two basic approaches: figure out in advance which employees' ratings you want the group to focus on, or ask participants to quickly review all groups of employees receiving the same rating and flag any employees they think should receive a different rating.

For example, if your performance distribution is skewed too high, you can focus the group on employees receiving middle and high ratings. Or, if you want the group to briefly review all ratings and flag employees they think deserve a different rating, it is helpful to provide a visual summary of the employees and their ratings. You can plot the names and ratings on a simple table or distribution curve (see examples below) using a computer and projector, or large paper or white board.

### Example Table for Calibration Discussion

Rating Level	Employees' Names		
5	Alexis Jordan	Giorgio Santalucia	
4	Amit Patel Li Jing	Casper Wiltshire Camila Sanchez	
3	Mahmud Singh Chrissy Begay Makayla Jackson	Jayden Williams Hank Nguyen Tyrone Davis	Althea Ruiz-Pattersen Jamal Worthington Maria Garcia
2	Connor Anderson	Ray Tran	
1	Jada King	Ethan Lewis	

### Example Distribution Curve for Calibration Discussion



Each circle contains an employee's name and his or her performance rating

Participants can draw a star around employee ratings they disagree with

Source: HR Advancement Center research and analysis.

# Tool #6: Calibration Session Planning in Five Steps

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**Overview:** HR leaders can use this checklist to prepare for performance calibration sessions.

**Intended User:** HR leaders in charge of organizing performance calibration sessions.

**Goal:** To ensure you don't overlook any important steps when planning calibration sessions.

**Estimated Time Required:** 15 minutes to read the checklist; 5 to 8 planning hours over a 6-month period.

**Available Online:** To access an editable version of this tool, visit [advisory.com/hrac/HRaccurateevaluations](http://advisory.com/hrac/HRaccurateevaluations).

## 1 Schedule dates and locations for calibration sessions (3 to 6 months in advance)

- Schedule calibration sessions to take place approximately 1 to 3 weeks before leaders must finalize their performance reviews.
- Secure appropriate meeting space for each calibration session.
- Inform calibration session participants (leaders who will discuss their direct reports) about session dates and locations and suggest they block the time on their calendars.

## 2 Select and prepare facilitators (1 to 2 months in advance)

- Select appropriate facilitators for each calibration session. It's best to choose a facilitator who is at least one level more senior than the leaders who will be participating in the calibration session. Facilitators should have experience leading group discussions. Choose someone who will be able to manage the group's time and keep discussions on track.
- Prepare selected facilitators to lead calibration sessions.
  - Give facilitators *Tool #7: How to Lead Effective Calibration Discussions* (found on pages 79 through 84) and ensure they understand their role and responsibilities.
  - Discuss the general structure, or agenda, for calibration sessions with facilitators. (Note: there is a sample agenda in *Tool #7: How to Lead Effective Calibration Discussions* that you can use as is or customize as needed). Tell facilitators you will provide final details about the agenda at least a week before the calibration session. These details should include:
    - A list of the leaders who will join the session in person and relevant performance data about their direct reports
    - The order in which leaders should present their employees
    - The amount of time a leader should spend presenting a single employee
    - The amount of time the group should spend discussing and calibrating employees

**Note:** For guidance on how to make decisions about the details listed above, refer to *Tool #5: Design the Right Calibration Sessions for Your Organization* on pages 71 through 74.

# Tool #6: Calibration Session Planning in Five Steps

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## 3 Prepare leaders participating in calibration sessions (3 to 4 weeks in advance)

- ❑ Four weeks before the session, send an email reminding leaders about the deadline to turn in their downward performance evaluations. In this email, also remind leaders about the performance calibration process and goals. Refer to sample Email #1 below for scripting ideas.
- ❑ Two weeks before calibration sessions, send a second email reminding leaders of deadlines and how to present direct reports during the session. Refer to sample Email #2 on the next page for scripting ideas.

**Note:** You will want to customize these email templates by adding your organization's deadlines and dates for performance calibration sessions. You will also want to edit the emails to ensure they reflect your decisions about structuring your own calibration sessions—if you haven't already done so, refer to *Tool #5: Design the Right Calibration Sessions for Your Organization* on pages 71 through 74.

### Email #1

**To:** Leaders who will participate in performance calibration sessions

**From:** HR

**Subject:** Performance Evaluations Deadline and Performance Calibration Sessions

Hello,

It's that time of the year again—performance evaluation time! Performance evaluations are a valuable opportunity for you to discuss performance, development needs, and objectives with your direct reports. Please complete your initial evaluations and turn them in to HR by **[DATE]**.

To help ensure all leaders are rating their direct reports accurately, we are implementing a new process called performance calibration this year. Performance calibration sessions give us the chance to compare our downward ratings and make sure different leaders are grading the same types of employees in the same way. Our goal is to double-check that everyone is grading the same, and correct for any “easy” or “hard” graders if needed.

These sessions have two parts. First, you will present specific performance information about your direct reports, and get input from other leaders on how you rated them. Second, all leaders together will look at each group of employees with a particular rating to see if they all truly earned the same rating. In the end, any employee ratings that don't seem to fit in with the overall pattern can be adjusted.

We will send you more information about the sessions and what you should do to prepare in the coming weeks. Please reach out to **[HR Contact]** or your supervisor if you have any questions.

Thank you!

HR

# Tool #6: Calibration Session Planning in Five Steps

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## Email #2

**To:** Leaders who will participate in performance calibration sessions

**From:** HR

**Subject:** Information About Performance Calibration Sessions

Hello,

Thank you to everyone who submitted their performance evaluations on time!

On **[DATE]** we will hold performance calibration sessions. This will be your opportunity to discuss the performance of your direct reports with your peers. This meeting helps leaders, and our organization, use the same rating standards for employees in the same roles.

The calibration session has two parts:

- 1) Each leader will present their direct reports and get feedback from the other leaders on the accuracy of the ratings.
- 2) The group of leaders look at all employees who received the same rating, and tries to make sure all employees who performed the same got the same rating.

When presenting your direct reports, please keep your presentations to **[MINUTES]** per employee. You only need to provide the following information about each direct report:

- Employee's name
- Rating
- 3-4 main points explaining the rationale for the rating
- Any concerns about the rating
- A brief overview of strengths (limit to 3)

If you have questions or comments about this process, **[HR contact]** or your supervisor.

Thank you!

HR

## 4 Gather relevant data and prepare a list of the information for the session facilitator (1 to 2 weeks in advance)

- Collect the performance evaluations for all staff that will be discussed in calibration sessions.
- Prepare a list for each session facilitator that includes: the names of all leaders who will be presenting and their direct report's names and initial ratings.
- (Optional) Provide facilitators with information about your organization's target rating percentages or recommended performance distribution curve.

# Tool #6: Calibration Session Planning in Five Steps

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## **5 Follow up after calibration sessions (1 to 2 weeks after sessions conclude)**

- Hold brief meetings with calibration session facilitators to see if leaders have completed necessary follow-up (such as adjusting ratings).
- Discuss final ratings with senior leadership and HR leadership to ensure there is agreement on the overall rating distribution, promotions, and terminations.
- Inform Finance about decisions that impact pay, including merit pay allocation, salary changes, new titles, and promotions.
- Circle back to leaders to tell them the window for delivering downward reviews.

# Tool #7: How to Lead Effective Calibration Discussions

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**Overview:** This guide prepares facilitators to lead effective performance calibration sessions.

**Intended User:** Calibration session facilitators.

**Goal:** To help you keep conversations on track, on time, and focused on fair assessments of employee performance.

**Estimated Time Required:** 20 minutes to read the guide; 20 minutes to prepare for sessions.

## What You Need to Know as the Facilitator

- The purpose of performance calibration sessions is to ensure different leaders are rating employees consistently and accurately. The goal is to avoid having some leaders be easy graders and others be hard graders.
- As the facilitator, your role is to lead the meeting and keep conversations on track. You'll need to actively manage time, listen attentively and take notes, neutrally guide discussion, and act as a mediator when necessary. In addition to the discussion guide below, refer to the troubleshooting tips on page 84 for suggestions on how to overcome common stumbling blocks in calibration discussions.
- Before you get started, meet with your HR point of contact to:
  - Collect the following information:
    - List of all leaders who will participate in the calibration session, and the names and ratings of the employees the leaders will present during the session
    - How many direct reports each leader should present
    - How much time each leader should spend presenting each direct report
    - How much time the group should spend discussing and adjusting employees' ratings
  - Clarify the session agenda. You may want to tailor the sample agenda on page 84 with specific information about which direct reports leaders should present, in what order, and for how long.
  - Decide on what types of visual aids (if any) to use during the calibration session. (For more information see Step 5 in *Tool #5: Design the Right Calibration Sessions for Your Organization* on page 74.)

# Tool #7: How to Lead Effective Calibration Discussions

## Facilitation Guide

### 1. Introduce yourself and explain the goal of the session.

Key points to cover:

- Your name and role at the organization.
- The goal of today's calibration session is to ensure we're all applying the rating scale in a consistent and fair way.

### 2. Go over the agenda for the session. •

Key points to cover:

- Calibration sessions have two basic parts:
  - First, individual leaders give brief presentations about their direct reports' performance and rating.
  - Second, the group of leaders looks at all employees who received the same rating. Leaders may decide to calibrate, or adjust, ratings to ensure employees who performed the same get the same rating.
- In part one you can ask quick questions or give brief feedback, but we must stick to a tight time frame.
- Part two is when you'll have more opportunity to discuss and debate ratings.

It can be helpful, but not necessary, to give participants a paper agenda to help them stay on track. There is a sample agenda on page 84 that you can customize as needed.

### 3. Explain the ground rules.

Key points to cover:

- Everything must remain confidential.
- No need to reach perfect agreement all the time, but strive for consistency, accuracy, and fairness of ratings.
- Remain engaged and patient throughout the session, and help keep the discussion moving by agreeing to take things off-line when needed.
- Keep an open mind about all employees' performance—you may have seen someone on a bad (or great) day.
- Speak only about what you know, not what you've heard about secondhand.

### 4. Remind participants about the performance criteria for the employees being discussed. •

It's a good idea to share a copy of the relevant performance evaluation/expectations.

If you have time, it's helpful to give a brief summary of what performance should look like at each rating level. Try to highlight specific examples of behaviors or competencies for the employees the group will be discussing.

# Tool #7: How to Lead Effective Calibration Discussions

## 5. (Optional) Remind participants about your rating distribution guidelines.

If your organization has rating distribution guidelines (or a fixed distribution curve), remind participants about it now.

## 6. Ask each leader to provide a snapshot of his or her direct reports' performance and rating.

Invite each leader to present his or her direct reports (one at a time) and prompt the group to give feedback after the leader's comments.

Keep each leader's presentation, and group feedback, limited to the time allowed. Use a stopwatch if needed. Move on to the next leader presentation promptly.

Follow guidelines from your HR point of contact on what each leader should present and for how long.

After a leader presents an individual employee, allow other participants to chime in if they have comments about the employee's performance.

If the group is quiet, ask them if they have any comments or questions and pause momentarily to wait for feedback before going on to the next person.

## 7. Take notes during leader presentations on items requiring follow-up.

Take notes on the following:

- How is the group rating as a whole? Is it mostly in line with the organization's standards? Skewed too high or too low?
- Have any leaders said anything that indicates their rating is biased or lacks evidence?
- Which leaders seem to be struggling to rate their staff accurately?
- Did any leaders get a lot of pushback about their ratings? About who and why?
- Did anything come up during group feedback that you agreed to take off-line and discuss later? What was it?
- Did any leaders bring up staff issues (e.g., retention risks) that you'd like to follow up on later?

## 8. Conclude individual leader presentations.

## 9. (Optional) Prepare visual aids to help with double-checking ratings.

At its simplest, the double-checking part of the calibration session involves looking at all employees with the same rating and ensuring everyone with the same rating performed the same.

It can be helpful to use a visual aid to show the group which employees received the same rating. For example, you could create a table that has rows for each possible rating level or score. Within each row write the names of all employees receiving that rating.

If the group is very large, you could prepare a simple spreadsheet in advance and project it on a screen during this part of the session. The spreadsheet should show employees grouped by rating—a simple table works well.

If you aren't able to (or don't need to) create a visual aid, it's fine to move on to discussion without one.

Source: HR Advancement Center research and analysis.

# Tool #7: How to Lead Effective Calibration Discussions

## 10. Facilitate group discussion to double-check that employees who received the same rating had the same performance.

First, ask participants to look at the employees as a whole group.

Key questions to ask:

First, looking at all the employees we're discussing—do you think the ratings for this group look correct overall? Or do you think ratings are skewed in any way?

- Does it seem like we have more high performers or low performers than expected?
- (Optional) Does this rating distribution align with the guidelines from our organization? If not, what adjustments do we need to make?

Now, looking at [rating level] do the employees assigned [this rating] look correct?

Then, focus in on each rating level. It's helpful to start at the highest rating level, ensure all staff receiving that rating are truly performing at the same level, and work your way down. Repeat the questions on the left for each rating level.

- Are all of the employees in [this rating level] performing in the same way, meeting the same standards, and deserving of the same rating?
- Are there any individual(s) that don't seem to fit in [this rating level]?
- Are there any employees that really deserve to be above or below [this rating level]?

# Tool #7: How to Lead Effective Calibration Discussions

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## 11. Take notes on items requiring follow-up.

Take notes on the following:

- List of leaders who should adjust ratings
- List of employees recommended for promotion
- List of employees recommended for termination
- List of employees recommended for performance improvement plans (focus plans)

## 12. Conclude the meeting and remind leaders about follow-up steps. ●

Key points to cover:

- Thank participants for their time.
- Acknowledge their help in meeting the goal of the session (to improve the fairness and consistency of employee evaluations).
- Remind them of any necessary follow-up items, such as adjusting ratings or submitting final evaluations.

Before you leave the meeting space, be sure to pick up and destroy (or return to HR) any sensitive documents.

## 13. After the session debrief with your HR contact.

Key points to cover:

- List of leaders who should adjust ratings
- Employees recommended for promotion
- Employees recommended for termination
- Employees recommended for performance improvement plans (focus plans)
- Any opportunities to enhance employee engagement or development
- Any leaders that may need more training or support with employee evaluations

# Tool #7: How to Lead Effective Calibration Discussions

## Troubleshooting Common Stumbling Blocks in Calibration Sessions

Common Stumbling Blocks	Potential Approaches
Conversation running too long	<p>Refocus the group and allow only the allotted time to discuss each employee.</p> <p>Use a timer to keep the meeting running on schedule.</p>
Conversation not productive, going in circles, unable to reach decision	<p>Use your best judgment and extend the conversation period slightly if you think the group is close to reaching alignment or if the discussion genuinely requires everyone's input. If not, take the conversation off-line.</p> <p>Make a note of the employee or topic being discussed and follow up with the leader and any other relevant parties after the session.</p> <p>Move on to the next employee or topic.</p>
Sensitive or contentious discussion causing heated exchange	<p>Remain calm, acknowledge that the group seems to have hit a nerve and there are some strong feelings about this topic. Suggest taking the conversation off-line to allow for a thoughtful, dedicated conversation.</p> <p>Move on to the next employee or topic.</p>
Conversation verging out of scope (e.g., into irrelevant tangents about employees or into too much detail about development needs)	<p>If the conversation is unprofessional, attempt to shut it down quickly by saying, "That type of discussion isn't appropriate." Please refocus on the performance issue at hand.</p> <p>If the conversation is simply out of scope, remind participants that they need to stay focused and take that topic off-line.</p>
Bored, tired, disinterested participants	<p>Limit sessions to no more than four hours at a time. It's typically most effective to allow participants to take breaks as needed rather than setting up official breaks. Provide drinks and snacks to help keep up energy and attention.</p>

### Sample Agenda

- I. **Welcome (Facilitator):** Overview of the goals and ground rules for the session.
- II. **Review of the Organization's Performance Standards (Facilitator):** Quick review of the rating scale and performance criteria in our evaluations.
- III. **Leader Presentations (Leaders):** Individual leaders give brief presentations about their direct reports' performance and rating.
- IV. **Calibration Portion (Group Discussion):** Leaders come together to discuss employees' ratings and pressure-test them. Leaders may decide to calibrate, or adjust, ratings to ensure employees who performed the same get the same rating.
- V. **Closing and Follow-Up Steps (Facilitator)**