

Guide to Solicit Schedule Feedback from Staff and Clinicians

Select a Method to Collect Staff and Clinician Feedback

Instructions: Cancer programs should use this guide to assist them in gathering feedback on the schedule from staff.

The table below describes three methods of collecting feedback from staff. Evaluate the benefits and drawbacks of each to determine the most appropriate approach. A detailed guide to focus group facilitation is included on page 4.

Method	Description	Benefits	Drawbacks
Surveys	Standardized paper-and-pencil or electronic questionnaires that ask predetermined questions	<ul style="list-style-type: none"> • Can generate quantitative data • Standardized data collection • Easy to collect data from large number of people at once • Provides an opportunity for many people to be involved in the schedule evaluation process • Can facilitate quick data analysis (depending on balance of closed and open-ended questions) • Allows for comparisons between subgroups and external groups • More likely to get feedback from less vocal staff • Confidential 	<ul style="list-style-type: none"> • Can be time consuming to develop and implement survey • Paper surveys require separate data entry and analysis • Accuracy limited to respondents willing to complete the survey • May have low response rates • Little opportunity to explore issues in depth
Individual Interviews	Structured or unstructured one-on-one directed conversations with key individuals or leaders among staff	<ul style="list-style-type: none"> • Participants define what is important • Possible to explore issues in depth • Opportunity to clarify responses through probes • Sources of leads to other key individuals or leaders • High response rate • Can tailor line of discussion to the individual • Easier to ask open-ended questions, use probes, and pick up on nonverbal cues • Confidential 	<ul style="list-style-type: none"> • Can be time consuming to set up interviews with busy staff • Can be time consuming to conduct • Generalizability limited and difficult to specify • Produces limited quantitative data • Can be time consuming and difficult to analyze and summarize findings • Access to fewer perspectives
Focus Groups	Structured interviews with small groups of people using standardized questions, follow-up questions, and exploration of other relevant topics that arise	<ul style="list-style-type: none"> • Participants define what is important • Some opportunity to explore issues in depth • Opportunity to clarify responses through probes • Group members stimulate (and build off of) each other 	<ul style="list-style-type: none"> • Can be time consuming to conduct • Produces limited quantitative data • Less control over process than individual interviews • Generalizability limited and difficult to specify • May be difficult to analyze and summarize findings • Lack of confidentiality • Potential for unbalanced input if certain members dominate discussion

Source: "Data Collection Methods: Pros and Cons," SAMHSA, <http://www.samhsa.gov/capt/tools-learning-resources/data-collection-methods-pros-cons>; "The Pros and Cons of Data Collection Methods," Mentor Michigan, https://www.michigan.gov/documents/mentormichigan/Data_Collection_Methods--pros_and_cons_2_403346_7.pdf; Oncology Roundtable interviews and analysis.

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Sample Questions to Ask Staff

Use the questions below to guide feedback collection from clinicians, schedulers, and front desk staff.

Question	Target Respondent	Follow-Up Questions
On average, how far out do you have to schedule new patient appointments?	Schedulers	<ul style="list-style-type: none"> • How big of a problem is this? • Have patients complained? • What can we do to improve?
On average, how far out do you have to schedule follow-up appointments?	Schedulers	
How long are patients waiting once they have arrived for their appointment?	Clinicians, front desk staff	
Are appointments scheduled for the correct amount of time?	Clinicians	<ul style="list-style-type: none"> • How big of a problem is this? • Are there certain types of appointments that are most often not scheduled for the right amount of time (e.g., new patient appointments)? • What can we do to improve?
Are appointments scheduled for the correct amount of time for individual physician workstyles and preferences?	Clinicians	<ul style="list-style-type: none"> • How big of a problem is this? • What can we do to improve?
What is our no-show rate?	Clinicians, front desk staff, schedulers	<ul style="list-style-type: none"> • Is it getting better or worse? • Why? • Are certain types of patients more likely to miss an appointment (e.g., specific tumor site or demographic)? • What can we do to prevent this?
Are there bottlenecks at specific times during the week?	Clinicians, front desk staff, schedulers	<ul style="list-style-type: none"> • Which times during the week or day? • Why? • What can we do to improve?
Are there lulls at specific times during the week?	Clinicians, front desk staff, schedulers	
Are there bottlenecks at specific times during the day?	Clinicians, front desk staff, schedulers	
Are there lulls at specific times during the day?	Clinicians, front desk staff, schedulers	
Are clinicians seeing appropriate types of patients (e.g., using advanced practitioners to see established patients)?	Clinicians	<ul style="list-style-type: none"> • What portion of your patient panel required your specific expertise at their first visit? • What can we change to ensure you are seeing appropriate types of patients?
How satisfied are you with the current schedule?	Clinicians, front desk staff, schedulers	
What changes would you suggest to improve the schedule?	Clinicians, front desk staff, schedulers	

Source: Oncology Roundtable interviews and analysis.

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Worksheet to Track Suggested Schedule Changes

Cancer programs can use the table below to track schedule changes that staff suggest during the feedback collection process and prioritize the changes that will be implemented. As you consider potential schedule changes, it may be helpful to think about them in terms of their impact on appointment availability, duration, or distribution.

Suggested Schedule Change	Staff member(s) Who Suggested Change	Barriers to Implementation	Plan to Change
Example: Schedule injection appointments in the morning because they are shorter and simpler	Nurse	Staff resistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example: Adjust infusion appointment length based on treatment type	Nurse	May also impact when physicians see patients in the clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Source: Oncology Roundtable interviews and analysis.

Guide to Group Facilitation

Goal

This facilitation guide will prepare you to lead engaging and productive focus groups. These focus groups will help you accomplish two primary goals: 1) uncover the primary root causes of your scheduling challenges and 2) gain the buy in of the participants.

Overview

This guide will equip you to recruit focus group participants, facilitate a fruitful conversation, and analyze the discussion to inform your next steps.

Intended User

Cancer program service line leader, manager, or anyone leading a focus group.

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► Adapted from the original tool: [advisory.com/hrac/HRBPbettersolutions](https://www.advisory.com/hrac/HRBPbettersolutions)

Source: HR Advancement Center research and analysis;
Oncology Roundtable research and analysis.

Tool A: Focus Group Fit Test

Goal

Quickly determine whether you need a focus group and select the best approach based on the subject matter.

Intended User

Cancer service line leader, manager, or anyone leading a focus group.

Time Required

5 minutes or less.

Step 1. Take This Self-Test to Confirm That a Focus Group Will Lead You to More Impactful Solutions.

Questions	Yes	No
1. Does solving your scheduling problem require buy in from staff, clinicians, or patients?		
2. Are you and your organization struggling to determine the root causes of this problem (e.g., you don't understand why patients have to wait for appointments)?		
3. Has your organization attempted to solve this problem before and failed, or were the improvements temporary?		
4. Does solving this problem require input from people with varied points of view? For example, people working in different departments, at different levels, integrated following a merger, or in different functional roles.		
5. Does this problem involve any aspect of staff engagement?		
6. Are you concerned about managing reactions to proposed solutions?		
7. Does this problem affect more people than your typical problem?		
8. Does this problem warrant a longer-term solution, suggesting that a group discussion is worth the time investment?		
9. Do you and other staff or clinicians disagree on core aspects of the problem—e.g., goal, metric, root causes, problem definition?		
Total "Yes" Responses		

If three or more "yes" answers, you should strongly consider conducting a focus group to solve your problem.

Source: HR Advancement Center research and analysis; Oncology Roundtable research and analysis..

Tool B: Recruitment Guide

Goal

Recruit thoughtful participants with experience, passion, and progressive ideas.

Overview

Use this tool to identify the right participants for your focus group, and use the accompanying pre-written email to send invitations.

Intended User

Cancer service line leader, manager, or anyone leading a focus group.

Time Required

30 minutes or less.

Only Use This Tool If...

You have decided that a focus group will lead to more impactful solutions to your scheduling problem. Use Tool A: Focus Group Fit Test to make the decision.

Step 1. Select Session Participants.

Work with other oncology leaders or managers to identify who you would like feedback from on this problem. To ensure a productive discussion, workshops should have a minimum of 5 participants and a maximum of 12. Focus groups with more than 12 participants tend to be less productive. Expect a 10% to 20% drop-off rate.

Guiding Questions to Select Participants:

- *Who is directly impacted by this challenge?* Ask your managers to recommend a mix of participants, ranging from natural leaders to the thoughtful and more reserved. Invite a representative sample of staff and clinicians, and consider groups outside of the oncology program.
- *Who will be involved in the initiative?* Consider people who will be involved in implementing solutions.
- *Who has handled a similar problem?* Think of colleagues or leaders, perhaps from other service lines, who have addressed a similar challenge and could offer practical guidance.
- *Who cares deeply about this issue?* Ask for recommendations of individuals who are passionate about this issue. It's important to have people with opinions in the room to build discussion on a topic some may consider neutral.
- *Based on the problem, who should not be in the room together?* Consider if the presence of any particular person or leader may disrupt productive conversation. Decide if you need to leave any managers or service line leaders leader out of the discussion group to facilitate more open dialogue.

Consult your colleagues for recommendations, but do not allow them to cherry pick participants.

Source: HR Advancement Center research and analysis; Oncology Roundtable research and analysis..

Tool B: Recruitment Guide

Step 2. Email Participants.

Send participants an invitation no later than two weeks in advance of the meeting. Inform participants of the goal of the session, the agenda, and the value that they can bring to the session. Do not send a mass email to all invitees, email each individually. Use the sample below as your template.

Email components:

- Session purpose: Include the scheduling problem(s) you hope to solve as well as the outline and format of the workshop.
- Session sponsor: Don't hesitate to name drop. Include the service line leader or manager involved in the email. Consider copying one of the higher-level sponsors on the email to increase visibility and encourage participation.
- Session length: Include time required and date in the subject line and body of the email.
- Set the tone: Let participants know that you anticipate a spirited conversation and that you look forward to learning from them.
- Input: Indicate that they were specially selected and include why you would like them to participate (e.g., you have solved this problem in your department; I know it's important to you; you would be instrumental in implementation).
- Preparation: Ask that participants consider the underlying issues of the problem and solutions they would like to discuss.

Sample Group Facilitated Workshop Invitation

Subject: Seeking Your Input: Focus Group 5/27/16

CC: Jan Smiley (Executive Director); Tom Main (Nurse Manager); Sue Kindly (Physician Representative)

Dear Francis,

I hope this email finds you well. I am reaching out to you for your input on how we can improve the oncology department's scheduling system. Jan, our executive director, Tom, our nurse manager, and Sue, our physician representative, have decided that it is crucial for us to improve our scheduling system to ensure we can accommodate our increasing patient volume. They are committed to developing a scheduling system that works for all involved, and as the head receptionist, I am working closely with them to ensure we reach this goal.

We are reaching out to you because we think that you might have some great ideas to improve the scheduling system. Our team would greatly appreciate your input on this topic and we hope that you will join us for an hour-long focus group discussion.

Before the session, please consider any underlying issues or problems you see with the current scheduling system, and any potential solutions you'd like to discuss. Preparation is recommended but not required; your participation alone would be greatly appreciated. Our session will begin promptly at 1:30 p.m. on Monday, May 27th, in Conference Room 209.

We hope that you will be able to join us. Any information shared during this session will remain confidential. Please let me know if you plan to attend.

Best,
Rob

Tool C: Facilitation Road Map

Goal

Use this high-level outline to guide you through your focus group discussion in the moment.

Intended User

Cancer service line leader, manager, or anyone leading a focus group.

Time Required

1 hour to conduct focus group.

1. Introduction (10 minutes)

- A. Introduce yourself as an advocate for staff in the department.
- B. Break the ice using a quick “show of hands” poll, ask whether participants have had a good or bad experience related to the scheduling process.
- C. Do a very quick round of introductions (about 15 seconds per participant).
- D. Tell participants why you need their help.
 - Introduce the problem and why it is at the top of your radar.
 - Request their assistance to help you understand the problem through their eyes and capture their ideas for potential solutions to the problem.
- E. Set the ground rules around your role as time keeper, the use of the “parking lot” for off-topic issues, and respect for one another’s opinions.
- F. Establish that this is a safe space and that comments are confidential.
- G. Tell the group how you plan to use the information they provide today.

2. Identify Problems with the Schedule (10 minutes)

- A. Introduce the goal of the problem identification session.
- B. Ask participants what they see as the biggest problems with scheduling processes (see sample questions on page 2).
- C. Have the group prioritize identified problems in order of severity.
- D. Vote to confirm the top 1 to 2 most important problems.

Tool C: Facilitation Road Map

3. Brainstorm Root Causes (15 minutes)

- A. Introduce the goal of the root cause session and explain the term root cause.
- B. For each of the top problems, brainstorm reasons the problem exists.
- C. Identify potential root causes you may have overlooked.
- D. Select top root causes.
- E. Double-check your root causes are specific enough to be readily solvable.
- F. Prioritize your best opportunities by weighing difficult to solve against impact of solving it.
- G. Vote to confirm the top 2 to 3 most important root causes.

4. Discuss Solutions (15 minutes)

- A. Introduce the goal of the solution session and encourage participants to suggest as many solutions as possible.
- B. For each root cause, ask the group to brainstorm ideas to resolve it. Make sure that the group considers both near-term and longer-term solutions.
 - Start the discussion by offering one or two solution ideas.
 - Use “positive” probing questions to get the group talking: Have you seen this problem addressed well by leadership or your colleagues in the past? How does it look? Is there anything occurring now that you’d like to see more of? What is the one thing that can be done across the next 6 to 12 months to address this issue?
- C. Have the group vote to identify the most promising solutions.

4. Closing and Next Steps (2 minutes)

- A. Thank the group for their participation and remind them of your next steps, including what you will do with this information and when they can expect to hear from you.

Tool 7D: Tips for Preparing for the Focus Group

Goal

To guide you in setting up the space to facilitate active discussion.

Intended User

Cancer program service line leader, manager, or anyone leading a focus group.

Time Required

15 minutes to set-up focus group.

- Arrange the chairs in a semicircle or a U-shape so that participants can have a two-way dialogue with the facilitator and the other participants. This arrangement can also neutralize any title/role differences in the room.
- Start the meeting on-time, regardless of if all participants are present.
- Pre-write ground rules for the session on a large piece of paper and post the page in the room to refer back to as needed.
- Create a “parking lot” for ideas that are out of scope for your discussion on a large piece of paper and post the page in the room to add to as needed during the discussion.
- If possible, it’s best to have 3 flip charts on hand to use during the conversation (or use a whiteboard).
 1. Problems Flip Chart
 - Use the this flip chart to document problems.
 2. Root Causes Flip Chart
 - Pages 1-2: Write out one of the top problems identified at the top of each page. Use this flip chart to document root causes identified by the group below each problem.
 3. Solutions Flip Chart
 - Pages 1-6: Write out one of the top 2-3 root causes identified for each problem at the top of each page. Use this flip chart to capture solutions for each root case on the Solutions Flip Chart.

Tool E: 10 Tips for Troubleshooting Focus Group Pitfalls

Goal

Use these techniques to handle difficult situations that may emerge when conducting your focus group.

Overview

Use these techniques and sample scripting to keep the conversation on track while also giving participants an opportunity to express their ideas and feelings.

Intended User

Cancer service line leader, manager, or anyone leading a focus group.

1. **Developing Partial Ideas and Anecdotes.** It's very common for participants to propose an idea that is not fully developed. You should acknowledge the idea and ask the individual for examples to understand the practical implications. Test interest in the idea by asking the group for confirmation and comments. Try to get the group to speak directly to one another, rather than respond only to your inquiries.

Situation	Recommended Technique and Scripting
Teasing out partially formed ideas: You should clarify and get more information from the participant when you hear a partially formed idea.	<p><i>"I think I hear you saying..."</i></p> <p><i>"What do you think is causing that to happen? What else?"</i></p> <p><i>"Can you expand on that? Can you tell me about a time when that happened?"</i></p>
Determining if a new idea has merit: Engage the group to evaluate the idea and determine its relative importance.	<p><i>"Do others in the room agree with that thought?"</i></p> <p><i>"Anyone disagree? Tell us why."</i></p> <p><i>"How many of you feel that this is one of the 2 or 3 most important causes of our problem?"</i></p> <p>If the comment raises something you considered earlier but put aside: <i>"Interesting. That is something that I thought about and put aside because I didn't think it was as important as some of these other points, but I'd like to ask the group. Is this more important than something else we have listed on here?"</i></p>
Consolidating several ideas from the group: Acknowledge that it's a great suggestion and identify its value to further an existing, similar idea.	<p>If the comment ties in to a previous suggestion: <i>"So, this is another excellent idea, and it also makes <the other idea> feel that much more important since the two feel somewhat related."</i></p> <p>If the comment is out of scope for the conversation: <i>"That's an important point, let's put that in the parking lot to discuss later."</i></p>

Source: HR Advancement Center research and analysis; Oncology Roundtable research and analysis..

Tool E: 10 Tips for Troubleshooting Focus Group Pitfalls

2. **Engaging All Participants.** Inevitably, you will have very vocal participants and others who are less willing to talk or compete for air-time. Use these tactics to engage the group early and to draw in more reserved participants.

Situation	Recommended Technique and Scripting
<p>Preventing a quiet group: You want to warm up a quiet group by getting them talking immediately. Use a non-threatening, yes or no question to break the ice.</p>	<p>You can usually prevent this from happening by getting the group talking within the first few minutes. One strategy is to ask the group a non-threatening question that requires little initiative to respond (e.g., raising a hand).</p> <p><i>“Before we get started, I’d love to get a quick show of hands. How many of you have noticed patients experiencing long wait times, or felt the scheduling system was inefficient? It could’ve been at our organization or at a prior employer.”</i></p> <p><i>“Quick show of hands from the group: How many of you feel that our current scheduling system is too complicated?”</i></p> <p>Call on a couple of people to elaborate.</p>
<p>Engaging quiet participants: Read the body language of quiet participants to determine whether they have something to say, and call on them to share.</p>	<p>Participants who volunteer to participate in a focus group know that they are expected to share their ideas and opinions. When you see a participant making a facial expression or responding with their body language, it’s ok to call on them by name since they expect to participate.</p> <p>For example: <i>“Carolyn, it seems that you may have some thoughts. Tell me about a time when you had to deal with this problem. How does this impact your work?”</i></p>
<p>Managing a chatty group/person: Practice playing “time cop” to appropriately pace the discussion and keep moving forward.</p>	<p>Set expectations from the outset that you will be playing “time cop” and you have a set time for each section:</p> <p><i>“I’m so sorry to cut this discussion short, but let’s move that to the parking lot and discuss it after today’s session. I want to address it, but we need to move on to the next section to get through our agenda.”</i></p>

Source: HR Advancement Center research and analysis; Oncology Roundtable research and analysis..

Tool E: 10 Tips for Troubleshooting Focus Group Pitfalls

- 3. Managing Challenges and Confrontations.** Given the sensitivity of some focus group topics, hitting landmines is unavoidable. Participants take the issue personally and some have passionate opinions to share about this topic, or possibly another topic. Use these tactics to gracefully defuse potential conflicts, move those heated discussions to another setting, and ensure your focus group meets its objectives.

Situation	Recommended Technique and Scripting
<p>Bringing up past failures: Acknowledge past failures and move the conversation forward.</p>	<p><i>“We know that this issue was handled poorly in the past which is exactly why we want to reevaluate it. I’d love to get your ideas on what can be improved now.”</i></p>
<p>Airing out-of-scope concerns: Acknowledge the issue and offer to discuss in a different setting, and then refocus on the issue at hand.</p>	<p><i>“I understand this is also a frustration for many of you and it’s very important to me that we address your concern. That said, today’s conversation is on a very tight schedule <reference the ground rules>, so I invite you and anyone in the room who’d like to speak more about <that concern> to schedule some additional time with me or one of my colleagues.”</i></p> <p><i>“Setting that aside for the moment, there is still a lot we can do together today to make this a better place to work by addressing <the primary problem.> And I want to make sure we can make inroads there.”</i></p>
<p>Fielding confusing or difficult questions: When you don’t understand a question or you don’t know the answer, avoid stalling the conversation by offering to discuss in another setting.</p>	<p>Listen to the entire question and ask for clarification. If you still don’t understand:</p> <p><i>“That is an interesting question. But if it’s alright with you, I want to move that to the parking lot, and we can discuss more after the session. I definitely want to address your concerns but we need to get through our agenda and I want to be respectful of everyone’s time.”</i></p> <p>If applicable, redirect the question back to the group:</p> <p><i>“That is an interesting question. Any thoughts from the group on that question/comment? What do you all think?”</i></p>
<p>Managing a hostile comment: Affirm and welcome the comment, but quickly save it for another setting and move the intended conversation forward. Maintain a positive tone.</p>	<p><i>“You are absolutely right that <insert concern> is a concern. Why don’t you and I schedule a separate meeting to talk through that. Today, we have a really tight agenda, and I really need your help vetting these ideas. The purpose of our time today is to make sure that we are not overlooking any particular root cause or solution. So if you have a suggestion along those lines, I am happy to add that to our list for consideration.”</i></p> <p>OR</p> <p><i>“I’m so glad you mentioned that—it comes up a lot in these conversations. Let’s set up a meeting and I will share our current thinking on that issue...”</i></p>

Source: HR Advancement Center research and analysis; Oncology Roundtable research and analysis..