

Multisource feedback (MSF) Prevocational educational supervisor guide

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About multisource feedback

Learning and professional development is proven to be most effective when it is linked to data drawn from a doctor's practice that facilitates reflection on performance and planning for on-going development. Data from multisource feedback (MSF) helps doctors to identify areas to focus on for development.

International research indicates that the use of MSF is an effective tool to drive behaviour change and helps doctors improve performance.

The value of MSF in prevocational medical training is that it can collate responses from a range of sources including work colleagues, peers, nursing staff and members of the interdisciplinary team. MSF can inform professional development plans (PDPs), aid in self-reflection of practice, and provide helpful data to inform meetings between post graduate years 1 and 2 (PGY1s/PGY2s) and their prevocational educational supervisors.

MSF is a **formative** educational tool to inform an intern's development needs, it should **NOT** be used as a summative assessment of the intern's performance.

How it works

Interns need to complete MSF as part of their prevocational medical training. It is a requirement for having their endorsement removed at the end of PGY2.

The recommended timeframe to complete the six-week process is between the beginning of Q4 PGY1 and the end of Q2 PGY2, although this is only a guide. You might like to discuss the best timing for completing MSF with your interns so as to spread these out across the year.

There is a monitoring screen in ePort for you to have a view of which interns have started the MSF process and keep track of their progress. You will also be able to send reminders prompting your intern(s) to check on the status of colleague feedback in ePort.

Interns will be asked to nominate a minimum of 12 colleagues who are willing and able to provide feedback on their practice. There is no upper limit to the number of colleagues they may nominate and the more questionnaires that are completed the more reliable the feedback, reducing any impact outlier scores will have.

The colleagues nominated will be sent an automated email asking them to complete an online questionnaire containing 17 questions. These seek the colleague's views of the intern's behaviour, communication and organisational skills, as well as aspects of their professionalism. There are also questions about the colleague themselves and their familiarity with the intern's practice.

All individual responses are anonymous.

At the same time the intern will be asked to complete a self-assessment questionnaire which corresponds to the questions sent to the nominated colleagues.

Therefore, in total there will need to be a minimum of **13 responses** (12 colleagues and one self-assessment) in order for the MSF process to be completed.

If any one or more of the intern's nominated colleagues fails to respond, (the intern will be able to send reminders) they may nominate as many additional colleagues as they need. Interns are not required to have responses from all of their nominated colleagues to complete the assessment phase, as long as there are at least 12 completed questionnaires plus their own self-assessment.

Once the process begins, colleagues and the **intern will have six weeks to complete it**. If interns are unable to compete the process within six weeks they should discuss this with you. If it is agreed an extension is appropriate, you can contact <u>prevocmsf@mcnz.org.nz</u> to have the intern's MSF process re-opened.

Selecting colleagues

Criteria for the intern to follow when nominating colleagues to participate:

- A maximum of half of the participants should be doctors.
- The range of participants must include **at least one SMO** who is not the intern's clinical supervisor.
 - Participants should include (where possible):
 - a. Doctors (across a range of PGY1s, PGY2s, PGY3+, registrars and consultants).
 - b. Nurses.
 - c. Allied healthcare professionals.
 - d. Pharmacists.
 - e. Midwives.
 - f. Ward clerks.
 - g. Health care assistants.
 - h. Non-clinical managers.
 - i. Duty Manager.
 - j. Administrator/receptionist/secretary.
 - k. Other.

The intern can select **colleagues from** <u>any</u> **clinical attachment** that they have worked in.

When the intern and at least 12 colleagues have completed the questionnaire, the intern may close off the questionnaire. If they have nominated more than 12 colleagues they may opt to wait until more questionnaires have been completed before they close the process off.

Generating a report

Once the questionnaire is closed, a collated report will be generated in ePort and an email sent to you indicating that the report is available. The report contains the aggregated, non-identifiable results of the completed questionnaires.

Once you have familiarised yourself with the report and interpreted the results, a meeting needs to be arranged with the intern to discuss the report. It is very important that the outcomes in the report are considered in context and are used to inform the intern's development needs – NOT as a summative (pass or fail) assessment of the intern's performance.

Following the discussion with the intern, you should release the report to the intern. The report should not be released to the intern until this meeting has been held.

The report should not be shared with any other parties.

Notification that a report is ready for review

1. Access to the MSF report is on the 'Monitor Intern's MSF' page under the 'Admin' tab.



2. The screen will look like the one below. From this screen you will be able to send reminders to interns to check on the status of their colleague feedback in ePort.

		where the intern has no leagues range from N			nore days (ho	vering shows	range of da	ates incomplete	colleagues	were remin	nded).	
MCNZ	Surname	Commenced	Reminded	Due by	Period	FormCt	DoneCt	Own done	State V	Live Is live 🗸	Remind all	Apply
99118	Educational Supervisor	31/08/2020	31/08/2020	12/10/2020	42	1	0	x	EX	1		Monitor
99999	Block	17/03/2020	17/03/2020	13/07/2021	483	4	0	x	EX	1		Monitor

- 3. Once the report is ready to be viewed it will show as blue.
- 4. At the top of the report there is a key for reading the report.



5. The two grey triangles indicate the range of responses the intern received from their colleagues.



6. The top half of the report is the collated feedback from the intern's colleagues.

Aggregated results

Understanding the patient's clinical conditions Includes quality of history taking and docur diagnosis).	nentation of all aspects of the patient's conditions (histo	ny, background, examination, investigations, progress,
Clinical decision making		100%
Includes decisiveness, timeliness of review synthesise relevant information.	s and action, best practice management, plans tailored	to the individual, exhibits sound judgement and is able to
Safe prescribing		100%
Includes good prescribing decisions, good	practice (e.g. correct data entry/written information), leg	jolity, and is appropriate to patient management plans.
Medical record keeping		100%
Keeps legible, accurate, useful, and concis	e notes, timeliness of documentation (e.g. discharge su	immaries and referrals), writes clear impressions and plans.
Knowing when to seek help		100%
The doctor recognises and works within lim	itations. The doctor takes appropriate action when pati	ents are at risk and knows when and how to ask for help.
Responds appropriately to feedback		100%
The doctor responds constructively to both	positive and negative feedback.	
Supports staff and student teaching		100%
The doctor is actively involved in coaching,	teaching, and supervising colleagues. This includes in	tegrating the student into the medical team.
Commitment to care and wellbeing of patients		100%
Demonstrates a patient-centred approach of	and displays empatity and compassion.	
Communication with patients and relatives/family/whānau The doctor listens to patients (and when ap patients/family/whānau.	propriate, their caregivers/family/whāneu), establishing	and maintaining professional relationships with
Communicates and works		
effectively with colleagues	h.	he end of a shift. The doctor clearly communicates with
colleagues when making referrals and han		
Helps others when possible and appropriate		100%
	tructively with others in the multi-disciplinary team.	
Effective time management		100%
The doctor manages time effectively throug organising work and completing work to a s		b. suitation with seniors), self-organisation and discipline in
Copes with stress and pressure appropriately		100%
The doctor can deal with uncertainty (and s		b
with challenges e.g. contacts others for hell and appropriately hands over uncompleted		he doctor completes their workload on time, leaves work on time
Maintains patient confidentiality		100%
	h care professionals (e.g. in the lift, corridor, outside of	In discussing interesting cases. The doctor is mindful of details work, and on social media). The doctor is aware of and
Professionalism		100%
	e and behaviour, and maintains professional boundarie Judes behaviour outside of work and use of social med	The doctor does not bring the profession into disrepute and la.
Quality and safety		100%
includes managing risk, following safety ch	eckilsts, good infection control measures (e.g. hand wa	shing), using communications tools and reporting incidents.
Cultural competence and cultural safety		100%
Environmentation and succession of state		the set of

Demonstrates an awareness of differences in culture and values, disparity, and takes appropriate steps to reduce adverse impact (e.g. arranges interpreters acknowledges surrounding family members/whānau, avoids actions that may cause offence such as placing medical equipment or sitting on eating tables).

7. The middle section shows comments and advice.

Comments and advice

Clinical knowledge commensurate with stage of training. Open and approachable nature. Friendly and keen to learn and be involved.

very personable and easy to work alongside

AShwin has developed well over the last year has a pleasant disposition with staff and patients he is caring for. As a team leader Ashwin has had to be present in Multidisciplinary meetings and has learnt to delegate to those whose skills he requires for the benefit of his patients. His knowledge of his patients conditions helps the team provide an overall approach to care and discharge planning

Multiple strengths. A wonderful doctor.

One of the best trainees

Always checks if he is unsure of something.

Ashwin is an excellent doctor to work with. He is approachable and very easy to talk with about a patients care. His calm, collected manner is refreshing in a busy environment.

8. The last section of the report relates to the demographics of the colleagues.

Demographics





9. Once the meeting with the intern has been held, to release the report, click on the 'sign off' button at either the top or bottom of the form.

Interpreting the report

The following should be discussed with the intern.

Colleague sample

Ideally feedback should be provided by a balanced mix of medical and non-medical colleagues. Research shows colleagues in managerial or administrative roles, and health professionals in non-medical roles, tend to give more favourable feedback than medical colleagues. Colleagues with whom the intern has more frequent contact tend to give more favourable feedback. This needs to be taken into consideration when reviewing the outcomes of the report.

Questions to ask the intern:

- How did they decide which colleagues to nominate?
- Did they get an appropriate mix of colleagues?
- Is the sample representative of the colleagues they usually work with?

Consider whether any of the above factors could have affected their results.

Distribution of responses

What is the spread or range of responses for each question? If there is a wide range, consider why there might be disparate views among their colleagues? (Indicated by the grey triangles)

Proportion of invalid responses

A high proportion of invalid responses may suggest inappropriate colleague selection and will affect the usefulness of the results.

What proportions of the responses are invalid, i.e. the colleague picked the 'N/O' (don't know or not observed) option, or did not answer the question.

Identifying areas of strengths and development needs

- Do the results show any obvious areas of strength and areas to focus on for further development?
- How do these compare to the intern's self-assessment?
- Are there areas of strength or where they may need development that they were unaware of?

Acting on the results

Once you have had the opportunity to reflect on and interpret the report, and to discuss the results with the intern, there should be discussion around what action if any the intern wishes to take as a result of the feedback received.

The intern should be encouraged to incorporate any development needs into their Professional Development Plan as a specific goal.

Frequently Asked Questions - MSF

What can MSF tell us?

MSF provides an opportunity to gain a perspective of aspects of the intern's approach to their work, professionalism and communication skills. Using a questionnaire enables these views to be gathered in a systematic way. The results can help identify areas of good practice as well as areas where further development may be required.

How long does it take?

The questionnaires should take only a few minutes to complete and the whole MSF process should take no more than six weeks.

What if the intern can't get the required number of colleagues to respond?

If the intern is having difficulty getting the required number of questionnaires completed, they should discuss this with you in the first instance to work out the options available.

How are invitations sent to nominated colleagues?

Invitation emails to colleagues are automatically generated by ePort once the intern initiates the process. If a colleague reports that they have not received an invitation email they may need to check their junk mail folder. The link can be resent to them by the intern using the "send a reminder email" button on the multisource feedback pop-up in their 'Activities' page in ePort.

What if a participant wants to go back and change their scores after completing the questionnaire?

Changes to any online questionnaire scores entered are possible for three days after it has been first accessed. Changes after this are no longer possible.

How does the intern receive the feedback?

Once the questionnaire is closed, a report will be generated in ePort and an email is sent to the intern's prevocational educational supervisor to notify you that the report is available. The report contains the aggregated results of the completed questionnaires.

Once you have familiarised yourself with the report and interpreted the results, you need to organise a meeting to discuss the report with the intern. It is very important that the outcomes in the report are considered in context and are used as a formative assessment to inform the intern's development needs. MSF should NOT be used as a summative assessment of the intern's performance.

The report cannot be released to the intern until you indicate the meeting has been held.

Who can see the report?

Only the intern and their prevocational educational supervisor are able to view the report.

Can criticism from one colleague skew the results?

Negative responses from one colleague should not greatly affect the results as the scores are aggregated and averaged across all colleagues. This should be discussed with the intern to alleviate any concerns they might have and ensure they understand their results will be considered in the wider context.

What if the intern is concerned about the results?

You should discuss the results in context and consider how the information is used to inform development needs. Remember that MSF is a formative exercise and is not an examination; there is no pass or fail, and the process is designed to enable the intern to reflect on and improve their practice.

System Generated Emails

Invite to complete self-assessment

Dear Dr {{MemberSurname}}

Thank you for initiating the Multisource Feedback Tool to seek feedback on your professional practice.

To complete the self-assessment questionnaire please follow this link: {this will prepopulate}.

The questionnaire should take approximately 10 minutes to complete. You can save and revisit your answers, if necessary, up until the report is complete.

To ensure the feedback reflects your current practice, you and your nominated colleagues will need to complete the questionnaire within six weeks. You will need to check on the status of your feedback during this time to allow you to send reminders to your colleagues.

An email will be sent to the colleagues you nominate. This email includes:

- Information on the purpose of the feedback.
- A link to the questionnaire.
- Assurances on the confidentiality and anonymity of their responses.
- All responses are aggregated into a non-identifiable report.

When you have completed your own questionnaire, and a minimum of 12 colleagues have completed their questionnaire, you will be notified and can then close off the process. You may choose to wait until you have received more responses if you have invited more than 12 participants. Once you have closed off the questionnaire, your prevocational educational supervisor will be notified that the aggregated report is ready for review and will arrange a time to discuss this with you. The report may then be released for you to view. No other people will be able to access the report.

It is important to note that the results in the report are formative and provide information that can highlight your strengths and inform your development needs. It is NOT a summative assessment or examination of your performance.

Please don't hesitate to contact your prevocational educational supervisor if you have any questions or concerns.

Invite to Colleague to complete feedback questionnaire

Dear {{Colleague}}

Dr {{MemberName}} is seeking feedback from colleagues and has nominated you to complete the feedback questionnaire. Your participation would be most appreciated, as this process can provide the doctor with valuable insight into their practice that can highlight areas of strength and inform their development needs.

You can complete the questionnaire by going to the following link: {this will prepopulate}

The questionnaire should take under 10 minutes to complete. All responses are confidential and anonymous, and you will not be identified in any way. The results are presented in an aggregated report that is discussed between the intern and their prevocational educational supervisor.

International research indicates that the use of MSF is an effective tool to drive behaviour change and helps doctors improve performance because it provides those undertaking MSF with useful feedback.

The value of MSF in prevocational medical training is that it can collate responses from a range of sources including peers, nursing staff and other members of the interdisciplinary team. MSF can inform professional development plans (PDPs), aid in self-reflection of practice, and provide helpful data to inform meetings between post graduate years 1 and 2 (PGY1s/PGY2s) and their prevocational educational supervisors.

Dr {{MemberName}} is seeking feedback from a range of clinical and non-clinical colleagues. As such, you may not be able to answer all of the questions about the doctor (you may choose the 'N/O' (don't know or not observed) option in this case), but please answer all questions relevant to you and your interactions with the doctor.

If you have serious concerns about the intern and patient safety, please contact the intern's prevocational educational supervisor directly.

Thank you for contributing your feedback.

Reminder to Colleague to complete feedback questionnaire (This letter sent when the intern presses the reminder button)

Dear {{Colleague}}

Reminder: Completion of multisource feedback questionnaire

Dr {{MemberName}} is seeking feedback from colleagues and has nominated you to complete the feedback questionnaire. Your participation would be most appreciated, as this process can provide the doctor with valuable insight into their practice that can highlight areas of strength and inform their development needs.

You can complete the questionnaire by going to the following link: {this will prepopulate}

The questionnaire should take under 10 minutes to complete. All responses are confidential and anonymous, and you will not be identified in any way. The results are presented in an aggregated report that is discussed between the intern and their prevocational educational supervisor.

Dr {{MemberName}} is seeking feedback from a range of clinical and non-clinical colleagues. As such, you may not be able to answer all of the questions about the doctor (you may choose the 'N/O' (don't know or not observed) option in this case), but please answer all questions relevant to you and your interactions with the doctor.

If you have serious concerns about the intern and patient safety, please contact the intern's prevocational educational supervisor directly.

Thank you for contributing your feedback.

Kind regards Strategic Team, Medical Council of New Zealand

Reminder to intern about MSF process (This letter is sent when you press the reminder button)

Dear Dr {{MemberSurname}}

You have initiated your MSF process.

Now is a good time to check on the status of your colleague feedback in ePort. You can send reminders to your colleagues who have not yet completed the questionnaire, or add new colleagues if you need to. When a minimum of 12 colleagues have completed their questionnaire you will be notified and can then close off the questionnaire.

If you have not done so yet, you must also complete the self-assessment questionnaire. Please follow this link: {this will prepopulate}. The questionnaire should take approximately five minutes to complete.

Please don't hesitate to contact your prevocational educational supervisor if you have any questions or concerns.

Notification to intern that feedback is complete

Dear Dr {{MemberSurname}}

We are pleased to advise that at least 12 of your nominated colleagues have now provided you with multisource feedback and this phase of the process is now complete. Please ensure you have also completed your self-assessment.

Following completion of this process, your prevocational educational supervisor will receive an aggregated report of all responses and arrange a time to discuss the results with you.

Following your meeting, you will be able to access your report in ePort {here}. The report is confidential to your prevocational educational supervisor and yourself.

Kind regards Strategic Team, Medical Council of New Zealand

Notification to prevocational educational supervisor that feedback is complete

Dear {{Name}}

This email is to notify you that a **Multisource Feedback Formative Assessment** has been completed for Dr {{MemberSurname}}. You can access an aggregated report of the results by logging into <u>Dr</u> {{MemberSurname}}'s ePortfolio.

After reviewing and interpreting this report, you will need to arrange a suitable time to discuss the results with Dr {{MemberSurname}}. Please refer to the MSF guidance for prevocational educational supervisors for approaching this discussion in order to highlight the intern's areas of strength and areas for further development.

Following the meeting with Dr {{MemberSurname}}, you will be able to release the report for them to review. The report will not be available to anyone else.

Kind regards Strategic Team, Medical Council of New Zealand

Notification to intern when MSF report has been released

Dear Dr {{MemberSurname}}

We are pleased to advise that your MSF report is now available to view in your ePort.