

Guidance for using the Multi-Source Feedback in Surgery

Summary and overview

Multi-Source Feedback (MSF) is also known as 360° or peer assessment, by which an individual's performance can be evaluated by all members of their team. It is a powerful method of obtaining evidence about professional behaviour and team working. PMETB and the GMC have identified peer assessment as suitable for both postgraduate training and revalidation. The MSF comprises a self assessment by the trainee and the collated ratings from a range of the trainee's co-workers. It provides the Assigned Educational Supervisor (AES) and the trainee with information on many aspects of patient care and professionalism in the clinical setting. Trainees are assessed doing what is normally expected of them in their usual working environment.

The MSF is one of a number of ISCP workplace-based assessments (WBAs). Unlike the other WBAs, it is designed to alert the AES to a trainee in difficulty as well as providing structured feedback on performance. The MSF competencies map to those defined by Good Medical Practice and to the core objectives of the Intercollegiate Surgical Curriculum.

The MSF questionnaire is confidential. Individual assessments are anonymised and are not disclosed to the trainee. Feedback to the trainee is delivered by the trainee's AES and comprises the raters' collated ratings compared with the trainee's self-assessment plus raters' written comments which are listed verbatim.

The number and timing of assessments

Trainees should complete the MSF once a year. The trainee's AES may request further assessments if there are areas of concern at any time during training. The MSF should be undertaken in the third month of the first four-month placement in a training year, in the fifth month of the first six-month placement in a training year or in the fifth month of a one-year placement. This allows time for the returns to be collated and discussed with the AES before the end of the placement, and for a further MSF to be performed before the end of the training year, if required.

Trainees and raters should also be familiar with the ISCP [Guidance on the frequency and timing of assessments](#).

Who should be a rater?

At least twelve raters should be nominated, as a minimum of eight is required for good reliability. One of the raters must be the trainee's AES or equivalent. The other raters should be more senior members of the healthcare team (e.g. other consultants, StRs, nursing sisters and other healthcare professionals or administrators) from a broad range of environments (e.g. ward, theatre, outpatients), who have the expertise to be able to make an objective judgement about the trainee's performance. Raters do not include, support staff or patients. The list of raters should be agreed in advance by the trainee and AES.

How should it work?

The trainee must drive the process by completing a self-assessment and nominating a range of suitable co-workers as raters. Trainees must ensure that enough raters have agreed and have submitted assessments in good time.

Raters are required to complete an electronic assessment form containing 16 competencies and a global rating on a 3 point scale, rating the trainee's professional behaviour against the standards of Good Medical Practice. Raters do not need specific training because the tool uses qualified healthcare workers who are familiar with the relevant competencies and can therefore make a judgement about their quality.

Personalised feedback is produced which compares the trainee's self-ratings with the collated ratings of co-workers plus the raters' anonymised written comments. The results are received by the AES who then meets with the trainee to feedback the result and to discuss the impact on the trainee's personal development plan. To complete the process, the AES makes a report which is included in the trainee's portfolio.

Completing the MSF form

Raters receive individual confirmation by e-mail that they have been nominated by the trainee. Raters must be registered with the ISCP at www.iscp.ac.uk. Once registered, raters will be able to login using their username (institutional e-mail address indicated on registration) and password and access the MSF form. Raters may find it most convenient to use a printed version of the assessment form before transposing the ratings to the electronic form. The assessment should only take about 5-10 minutes to complete.

These notes may be helpful when using the MSF form:

- Raters should take the time to consider each competency carefully and fill in the questionnaire as accurately as possible.
- Each competency should only be marked if it has actually been observed, otherwise it should be marked as not observed.
- Whenever possible the assessment should be judged against the standard set by other doctors at the same level. The complete range of curriculum standards map to the GMC's Good Medical Practice and can be found in the ISCP syllabus.
- The MSF is designed to alert the AES to a trainee in difficulty as well as providing structured feedback on performance. Constructive written comments help the trainee build on strengths and address areas for development. Raters should write comments to illustrate their ratings and should explain any ratings that are marked as either *Development required* or *Outstanding*. Negative feedback should be given sensitively and worded in relation to problems so that the trainee can learn as much as possible from them. Raters' comments are fed back to the trainee anonymised but as written.
- Raters should highlight any concerns about probity and health as it is crucial that evidence of poor performance is identified so that remediation plans can be in place as soon as possible. These observations serve to maximise patient safety.
- Under the Data Protection Act of 1998, a trainee can specifically request to see an individual rater's evaluation, but this should be an exceptional event and the rater will be notified by the AES before disclosure.
- Raters should read the guidance notes and should confirm this on the form by ticking the appropriate box.
- The online form enables raters to grade their satisfaction with the MSF as an assessment process (not with how the trainee has performed on this occasion).

Overcoming unintentional bias

It is important that raters ensure that they are as objective as possible, not tending towards leniency or severity. A trainee who seems very competent overall may not be competent in all areas. It is valuable for a trainee to know in what areas they have excelled and which particular areas need to be developed. Similarly, raters should be careful not to confuse a likeable personality or compliant behaviour in team-working as competence to do a job.

After the assessment

Raters will receive an acknowledgement by e-mail confirming that their evaluation has been received. Each assessment is anonymised and ratings are collated with at least seven other raters and fed back to the trainee via the trainee's AES. As part of the quality assurance process raters may be asked to verify their assessment at a later date.

Monitoring the MSF

The MSF is trainee-driven, however the trainee's AES is responsible for monitoring and guiding the trainee, presenting feedback and signing off the MSF. The trainee's Programme Director is also able to monitor progress and view assessments.

Raters from an appropriate range of grades and environments should be agreed in advance by the trainee and AES. The electronic MSF system also guides the trainee's choice by regulating the number and type of raters who can be nominated. The table below shows the range and minimum numbers required.

Type of rater	12 (minimum 8)
Assigned Educational Supervisor (or equivalent)	Must be included
Consultant	1-4
Senior nurses	2-3
Specialty trainees/other doctors	2-3
Health care professionals / administrators	2 different types

Automated MSF feedback will only be generated when 12 or more evaluations from the required range of raters have been received. However, the trainee's AES will be able to view individual evaluations as they are submitted. The AES should make a particular point of viewing evaluations that are flagged up as including health and probity concerns and discuss appropriate action with the Programme Director and trainee as appropriate.

Feedback

In preparing for the meeting the trainee and AES can refer to the ISCP [Tips on giving structured feedback](#).

The amount of time required for the feedback meeting depends upon the results of the collated ratings and the trainee's self-perception (insight). It is recommended that the first 10-15 minutes of the meeting is set aside for the trainee to see the results and be left alone to reflect on it. It would then be necessary for the trainee and AES to discuss it together, identifying the trainee's strengths and development needs and agreeing any actions that would help to develop the trainee.

After the meeting the AES should sign off the MSF by making a report in the comments box and selecting an outcome from the following options:

- i) Satisfactory progress.
- ii) Development of the trainee is required through targeted training, which must be specified in the Learning Agreement.
- iii) Unsatisfactory progress. In this case the matter should be referred to the Programme Director.

After sign off, trainees receive the MSF report and are able to make comments. The completed MSF is stored in the trainee's electronic portfolio.

KEY POINTS

Summary of the method

- Uses the trainee's a self assessment and the collated ratings from a range of members of the multi-disciplinary healthcare team from different grades and environments.
- Evaluates the trainee's clinical care and professionalism in a team-working environment, mapped to the standards of GMP.

Alerts the AES to a trainee in difficulty and provides developmental feedback to the trainee.

Number and timing of assessments

- One MSF in each year of surgical training. Further assessments may be required if there are areas of concern at any time during training.
- Surgery should be undertaken in the third month of the first four-month placement in a training year, in the fifth month of the first six-month placement in a training year or in the fifth month of a one-year placement

Who should be a rater?

- Trainee must provide a self rating.
- The current AES in the placement must be one of the raters.
- The trainee chooses co-workers from a range of senior healthcare team workers.
- Raters need to be familiar with the guidance notes and assessment form.
- Patients and support staff should not be included.

How many raters are needed?

- At least 12 raters, with a minimum of eight, plus the trainee's self-assessment.

Time needed for completion of the form

- Approximately 5-10 minutes.

TIPS FOR TRAINEES

Self-assessment

The self assessment contains the same competencies as the peer assessment. It is an important part of your reflective practice and it can help you identify and fulfill your learning needs. Reflect on the areas that you feel are going well, those that you hope to improve and ways in which you think you could perform better.

Nominating raters

Invite the maximum number of raters to ensure that the minimum requirement is met. Give your colleagues plenty of notice that you are nominating them and inform them of the deadline for completion so that they can plan their time. Be sensitive to pressure periods.

In the first instance you may wish to invite your colleagues in person because they must undertake the activity voluntarily and take time out of their normal routine in order to evaluate your performance and provide you with honest feedback for your development.

Your colleagues might find it helpful if you also give them a printed copy of the guidance notes and assessment form to refer to before they record their ratings to the electronic form.

Once your colleagues have agreed to evaluate you, you can nominate them through the ISCP website.

It is your responsibility to submit your self-assessment and ensure your raters submit their evaluations in good time.

You must let your AES know if you are unable to recruit the required number of raters.
