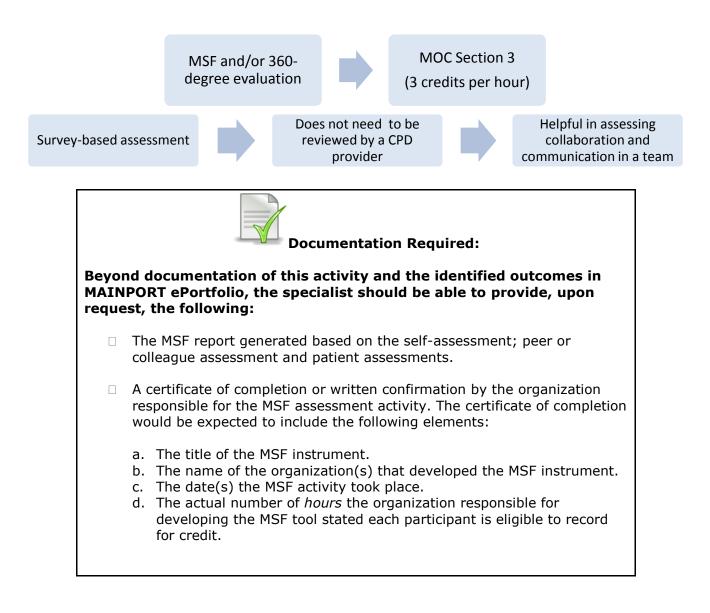


Royal College Guidelines for developing or using Multisource feedback surveys (MSF)



Multisource feedback (MSF) should be developed to meet the following guidelines:

1	Assess the performance of a specialist across multiple CanMEDS Roles. ➢ MSFs are best suited to assess these Roles: Communicator Role, Collaborator Role, Professional Role, Leader Role
2	 Developed to assess the key competencies or behaviors relevant to the selected CanMEDS Roles. The selection of these specific competencies should consider each of the following questions: What behaviors can be realistically observed by peers, coworkers or patients? What behaviours are most important to enhancing the quality or safety of care provided to patients?
3	 Provide peers, colleagues and patients with opportunities to provide ratings (using a use a standardized scale) on observable behaviors with comments. The numerical data and narrative comments should enable physicians to answer the following questions: > What specific areas for improvement can I identify based on the outcomes from this MSF? > What additional learning or professional development do I need to complete? > How will I measure whether my performance has improved?
4	Designed so that the self-evaluation, peer, colleague and patient surveys focus on the same or similar competencies or behaviors.
5 6	Completed by a minimum of 8 colleagues, 8 peers, and 15 patients.
6	 Recruitment should be based on a standardized process. In addition to completing the self-evaluation survey physicians should be asked to assume the responsibility to: Nominate up to 15 peers and 15 colleagues to request their participation in the survey process, and Invites their practice staff (nurses, administrative support, etc.) to invite patients to complete a survey using a strategy based on consecutive patients or every second, third or fourth patient, depending on volume.
7	Be devoid of any personal identifying information. Patients should be instructed not to cite any specific issue or event that could inadvertently allow their identity to become known to the physician.
8	 Summarized centrally and the report generated should include a comparison against either a bench mark or their peers or both. The report should include, for each rated behavior, the average ratings of peers, colleagues and patients in comparison to a benchmark or the physician's peer group or both.
9	 Be supported by a process where colleagues, peers or coaches (trusted individuals) are invited to have a conversation with the physician about their MSF report. The purpose of this review is to: Explore the physician's reactions to the findings in the report (Examples include "What did the report affirm for me"; "What was surprising to me"?) Identify potential goals for improvement over the next 3 – 6 months Consider what additional learning (CPD) is required to implement the identified improvement goals.
10	 Multisource Feedback credits are assigned to the time spent completing the self-evaluation questionnaire; reflecting, reviewing, discussing and identifying the outcomes for future learning or practice improvements for one's professional practice. The final step is to document the process and outcomes in MAINPORT ePortfolio. The developers of a MSF tool should identify the usual time required to: Complete the self-evaluation survey. Read the report Discuss the report's findings with a peer, colleague or coach Document the goals for future learning or improvement