

Multisource feedback: Its role in assessment and remediation

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- None to declare

My background

- College of Physicians and Surgeons of Alberta—Physician Achievement Review Program
- Medical Council of Canada
- National Board of Medical Examiners
- American Board of Medical Specialty Societies

Objectives

By the end of the presentation, you will be able to answer the following questions

- What is multisource feedback
- What role(s) does it play in assessment and remediation
- How 'good' is MSF as an assessment tool?
- What are the limitations of MSF in assessment and remediation?

Your experiences with MSF

- ✓ Undergraduate or Postgraduate MDs
- ✓ Practicing MDs
- ✓ Quality improvement (formative assessment)
- ✓ Assessment related to licensure
- ✓ Remediation related to licensure

What is multi source feedback

- Also known as 360 degree evaluation
- Questionnaire based assessment
- Feedback about observable behaviors is provided by some or all of
 - Physician colleagues (peers, referring MDs, referral MDs)
 - Co-workers (e.g., nurses, pharmacists, dieticians)
 - Patients
 - Self



What roles does MSF play in assessment and remediation?



Role in Assessment

- Required to maintain license to practice
 - Canada [Physician Achievement Review Program]
- Revalidation
 - United Kingdom
- Institutional review
 - Canada [CAHO]
- Specialized assessments
 - Readiness for practice assessment (e.g., Nova Scotia CPSNS CAPP to assess IMGs for practice)
 - Physicians in difficulty (e.g., National Clinical Assessment Service in UK)

Role in remediation



- Identifies physicians
 - In difficulty
 - At risk
- Flags areas for attention (discussion)
- Triggers further investigation

Is it appropriate to use MSF for assessment and remediation?

- Remember: Questionnaire based tool to assess observable behaviors
- MSF tool are variable
 - Instruments
 - Assessors/raters
 - Numbers and types
 - Purpose
 - Formative vs. summative
 - Assessment vs. quality improvement
 - Frequency of administration



Instrument quality and use determines appropriateness



- Need to examine instrument and its purpose
- Good assessments operate within
 - Context
 - Time
- Evidence is built up over time through empirical evidence, logic, and testing

A 'good assessment'....

Feasibility	Practical, realistic, sensible given circumstances and context
Acceptability	Stakeholders find process and results to be credible.
Validity	Use of the data (scores) for a particular purpose. Coherence.
Reproducibility, consistency	Stability of instrument.
Equivalence	Assessment yields equivalent scores or decision at different places and cycles of testing
Educational effect	Motivates people to prepare in ways that have educational benefit.
Catalytic effect	Feedback (results) drives learning.

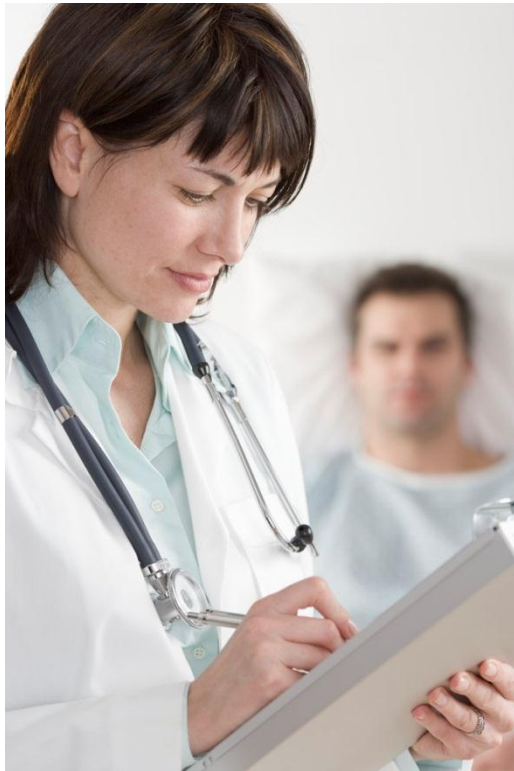
Norcini J et al, Criteria for good assessment: Consensus statement and recommendations from the Ottawa 2010 Conference, Medical Teacher 2011

3 instruments examined

PAR, GMC, CFEP360 [Lockyer], JCEHP, In press.]

Feasibility	Can be administered to large numbers of physicians relatively inexpensively. High response rates.
Acceptability	MDs generally find process acceptable and will respond on behalf of colleagues. Co-workers and patients will participate.
Validity	Literature, focus groups, pilots, larger studies, scores, factor structures, regression analyses.
Reproducibility, reliability	Internal consistency reliability, $\alpha = 0.9$. G and D studies indicate $E_p^2 = 0.7$. <ul style="list-style-type: none">• MSF = formative not summative assessment.
Equivalence	Demonstrated when tested in different settings.
Educational effect	Not studied.
Catalytic effect	MDs will change practice. Change is influenced by perceptions of data credibility; fairness of process; specificity of data; characteristics of feedback (+ or -); internal reactions; perceived need for change; beliefs about change or ability to effect change.

What might this suggest for MSF as an assessment tool? [vs. a quality improvement tool?]



What are the 'limitations' of MSF as an assessment tool in world of 'enhancement'?



- 'Formative assessment'
 - Should not stand alone
 - Can be used to trigger other levels of assessment for a fuller picture of performance

Other research to consider

- May need to modify processes for MDs-at-risk
- National Clinical Assessment Service (UK)
 - Scores provided by physician-selected assessors (vs. referring organization assessors) were
 - Higher
 - Fewer received less than satisfactory scores (28% vs. 50%).
 - Patient data did not discriminate
 - Archer & McAvoy, Med Educ'n, 2011.

What might this suggest for MSF vis-a-vis remediation?



What are the limitations of MSF as a tool for remediation?

- Provides data for a discussion with MD.
 - Won't provide a comprehensive overview of what needs to be addressed.
 - Discussion and focus will be required to triangulate the data
 - Looking for patterns within MSF and with other data
 - Unlikely that a 'repeat' MSF will be sensitive enough to show changes and improvements quickly.

Other research to consider

- Those working with remedial MDs may find MSF data helpful and confirmatory.
- Alberta Practice Visit Reports of 51 'Flagged' Physicians
 - PAR data flagged the MD as at-risk
 - Practice visitors found
 - 90% medical records
 - 88% treatment/interventions
 - 76% patient assessment
 - R Lewkonia et al., Under Review, 2013

Other research to consider

- Attention needs to be paid to feedback
- Interview model that enables a conversation about
 - Emotional reactions (especially to disconfirming feedback)
 - Content of feedback (ensuring understanding)
 - Feedback outcomes (coaching for change)
 - Sargeant et al., Med Teacher, 2011

Summary

- Questionnaire based assessment in which feedback about observable behaviors is provided by other physicians, co-workers (e.g., nurses, social workers), and patients
- MSF appears to be best suited in formative assessment
 - May suggest MD is at-risk
 - Can guide practice improvement
- MSF demonstrates characteristics of a 'good assessment'
- Limitations for assessment
 - Reliability
 - Selection of raters
- Limitations for remediation
 - Data triangulation
 - Feedback approach that addresses emotion, content, outcomes

Questions

