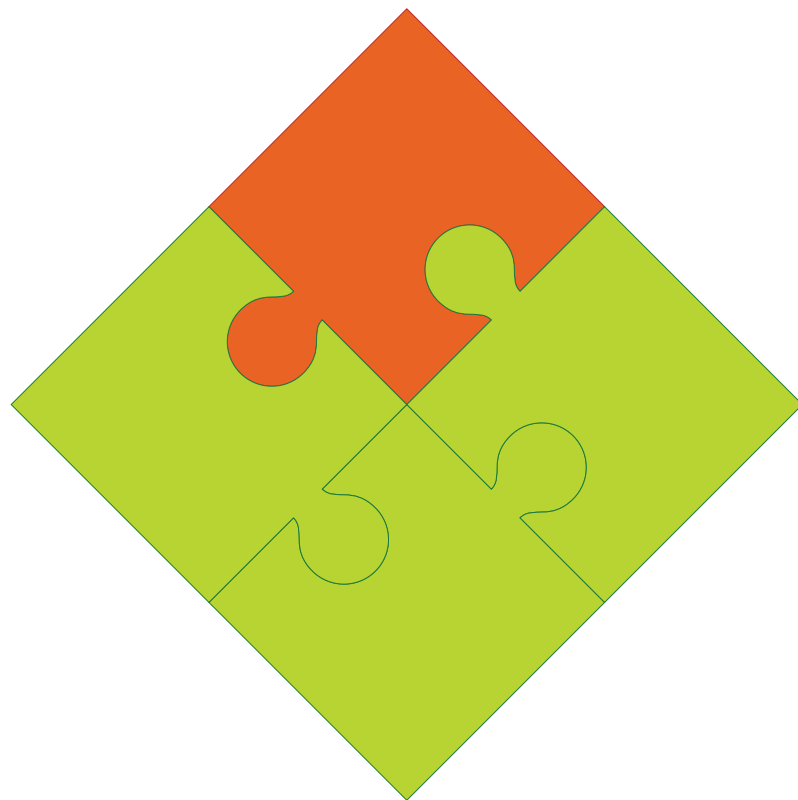


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Mini-CEX

Case-based discussion (CBD)

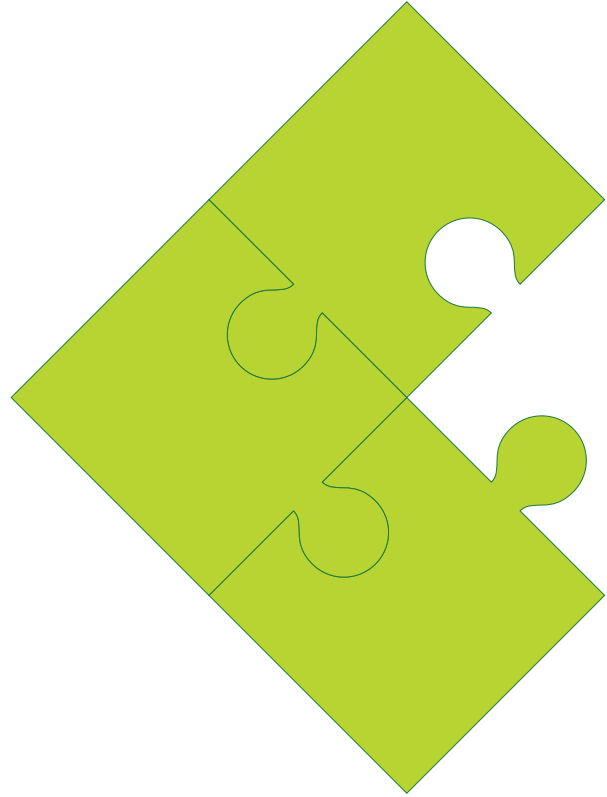
Direct observation of procedural skills (DOPS)

In-training assessment (ITA)

Multisource feedback (MSF)



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Multisource feedback (MSF), or 360° feedback, is questionnaire-based feedback provided to an individual regarding key performance behaviours.

MSF has been widely used in industrial settings.

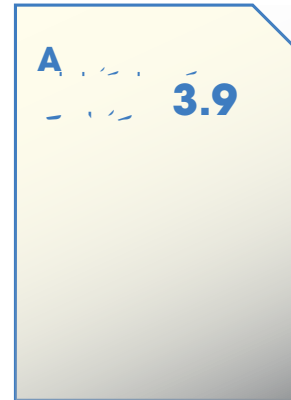
Feedback is obtained from colleagues and/or co-workers and/or patients who have had significant interaction with the individual.



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Feedback from supervisors is not anonymous, whereas feedback gathered from multiple sources is usually de-identified and aggregated.

Participants receive feedback results in the form of aggregated scores (e.g. mean scores) on each question and/or in a number of domains.

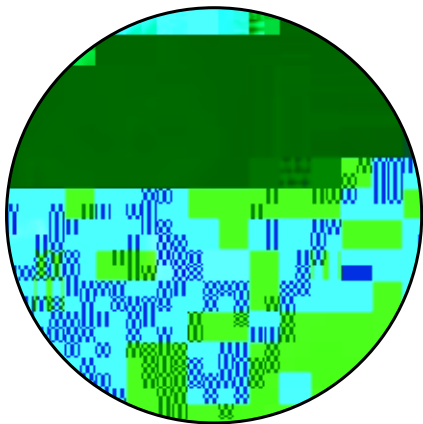




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The major role of MSF is to provide feedback from a broad range of colleagues, team co-workers and those receiving treatment.

Different questionnaires are usually administered separately for colleagues, co-workers and patients as they can provide perspectives in different domains according to their roles and relationship with the doctor.

The feedback provides information on how well the doctor manages everyday clinical tasks and functions in a healthcare team.





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Research shows that reliable data can be generated with a reasonable number of respondents, and that physicians will use the feedback to contemplate on their practices and initiate changes where needed.



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MSF assessment recognises that doctors work with other doctors to deliver care, usually in inter-professional teams, and that they interact with many different healthcare professionals in their everyday work.

MSF captures these essential perspectives for the professional development of the 's Y



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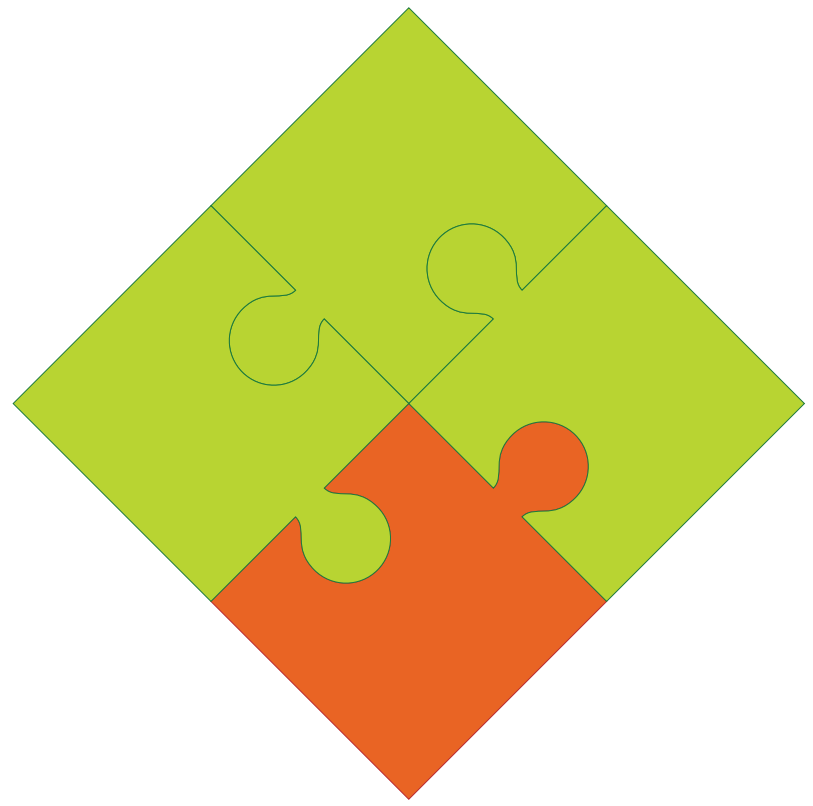
Perhaps the most important aspect of MSF is the opportunity for self-reflection followed by receiving collated results and feedback.

The value is enhanced by discussing the results and feedback with a trusted colleague or mentor and developing an action plan for improvement.



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A team view of the doctor is important because of the importance of team work in high-quality clinical practice



MSF responses may elicit knowledge about potential areas for development that might not otherwise have been elicited.



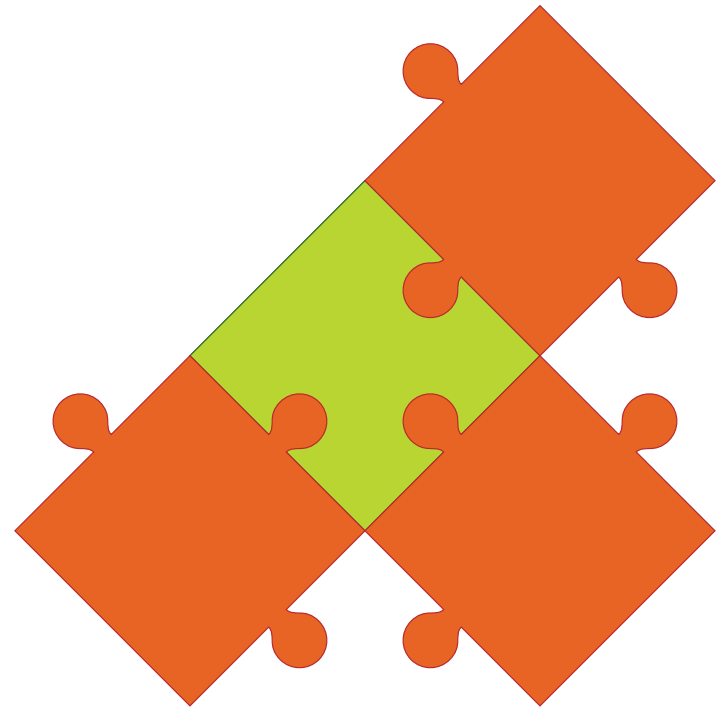
Respondents should be aware of, and attuned to, the level of performance expected of the doctor.

Respondents should be experienced with clinicians at the expected level (e.g. involved in teaching and assessing junior doctors).

Those being assessed should be wary of recommending people at the same level as themselves as they may not have the perspective to assess their colleagues.



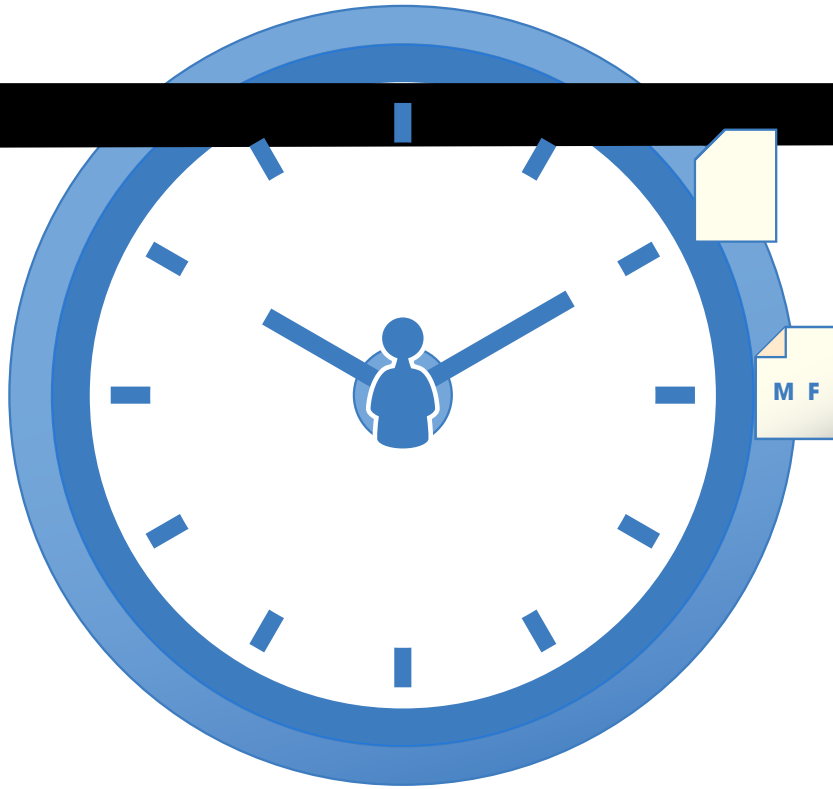




Respondents should have expectations in line with the doctor's level of training when responding to questions such as the following:

- Does the doctor accept responsibility for their actions?
- Does the doctor refer appropriately?
- Does the doctor assist with care outside of regular office hours?





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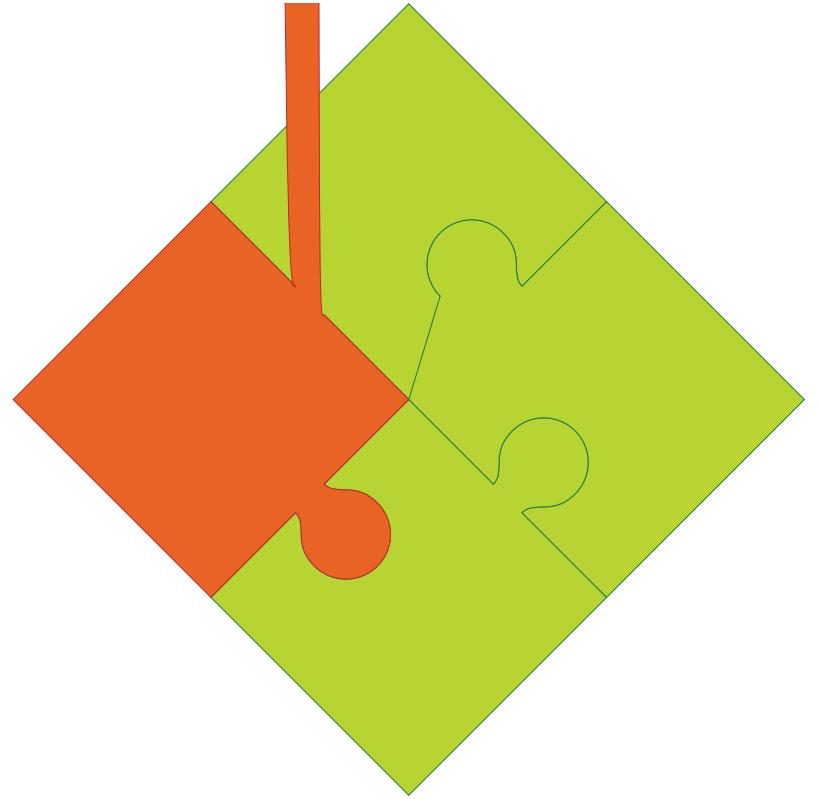
Other WBA methods (e.g. mini-CEX) rely on direct observation at a single point in time by a single assessor.

MSF relies on a number of observations over time from multiple respondents and from different perspectives.

MSF is a validated method for gaining feedback from colleagues, co-workers and patients.



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Respondents must have had a direct and recent experience of working with the doctor over a period of time.

Such experience enables them to make an informed judgement about the doctor's capabilities.

A respondent who does not know the doctor well should not complete an assessment.

The respondent should not have a conflict of interest.

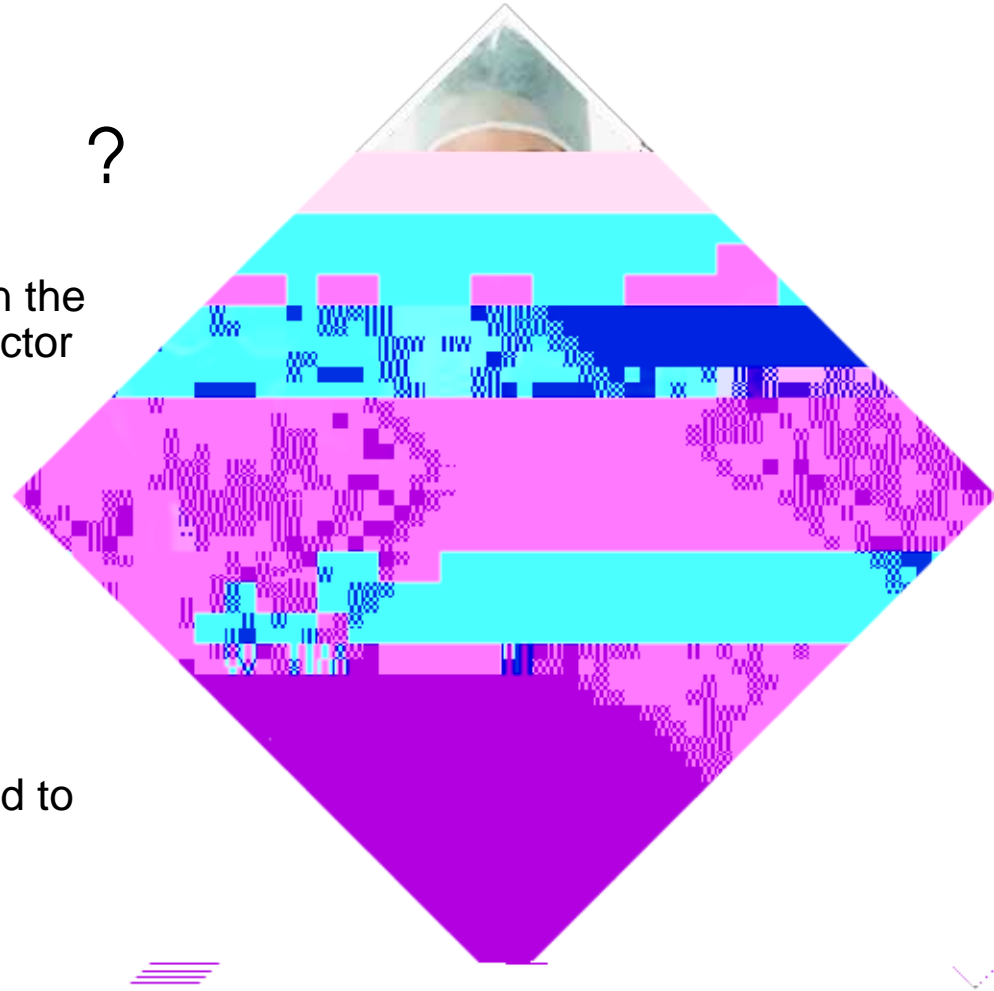
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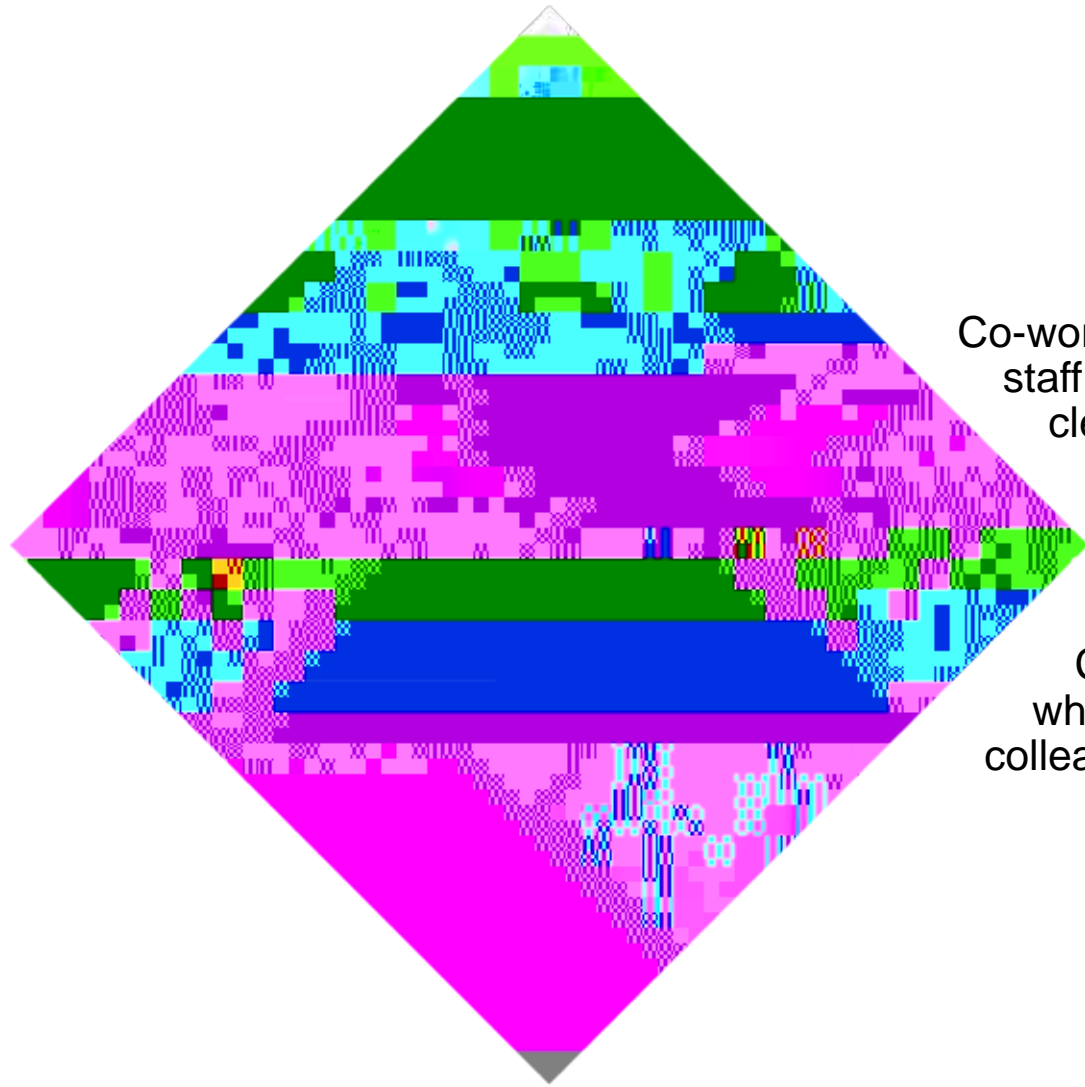
Medical colleagues may include other doctors in the same practice or specialty, colleagues that a doctor refers their patients to, and colleagues that receive patients from the doctor on admission or that are consulted during an admission.

Colleagues can be trainees, advanced trainees, fellows and consultants.

Ideally, a mix of colleagues at different levels is best.

Medical colleague respondents should be limited to those with full Australian registration.





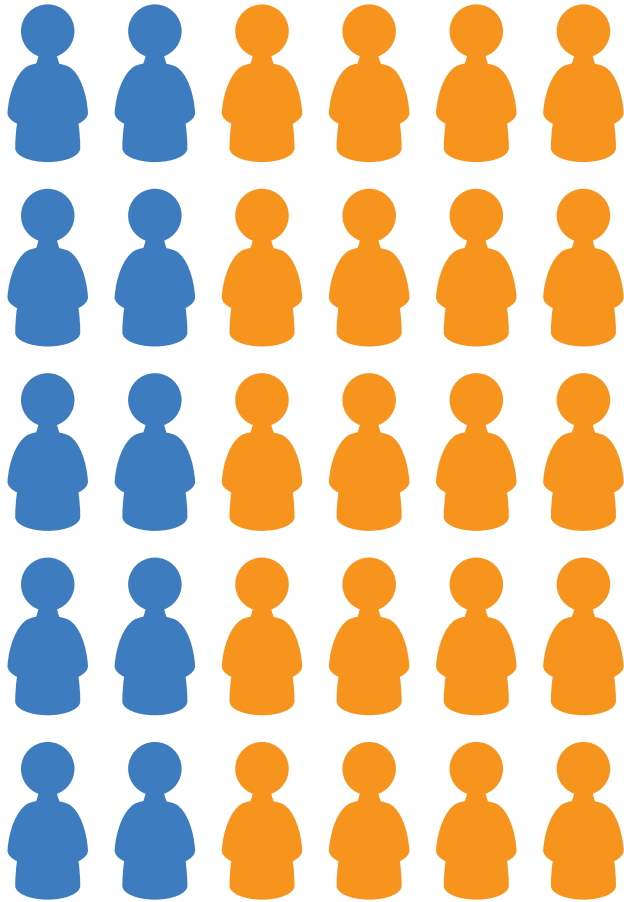
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Co-workers may include members of the nursing staff, allied health staff, administrative staff, ward clerks, and all other health professionals.

Co-workers can be drawn from those working in both hospital and out-of-hospital sites.

Co-workers are important respondents whose perspective may be different from that of colleagues.





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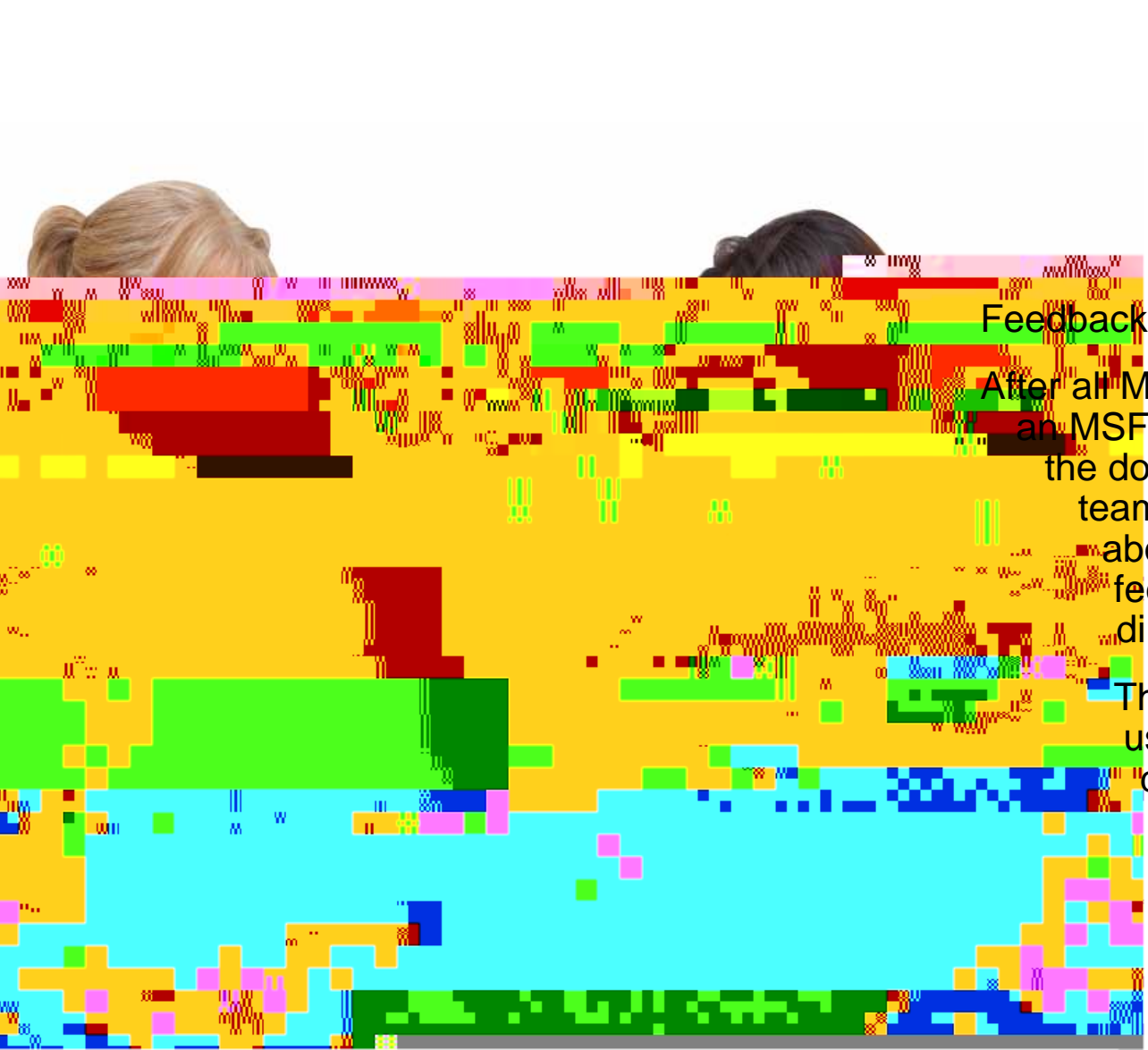
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The literature suggests that a reliable picture can be obtained with 10–30 responses from both colleagues and co-workers.

If patients are included, more than 30 responses are required.

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Feedback is part of a continuum of learning.

After all MSF assessments have been collated, an MSF review panel may be convened and the doctor, assisted by the administration team, should make a formal time of about 20–30 minutes to discuss their feedback with the WBA program director or nominee.

The literature suggests that it can be useful to discuss and reflect on the differences between a doctor's self-assessment and the assessments provided by the doctor's colleagues.

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## Standard Pathway (workplace-based assessment)

PRIMARY SOURCE  
VERIFICATION

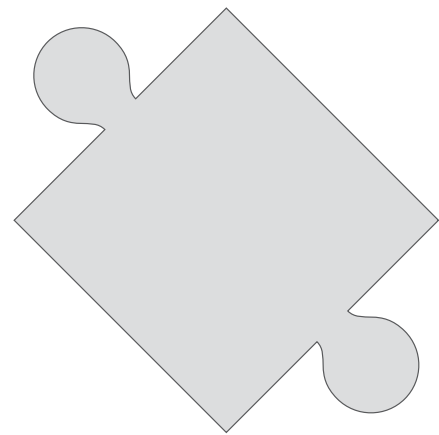
CAT MCO  
EXAMINATION

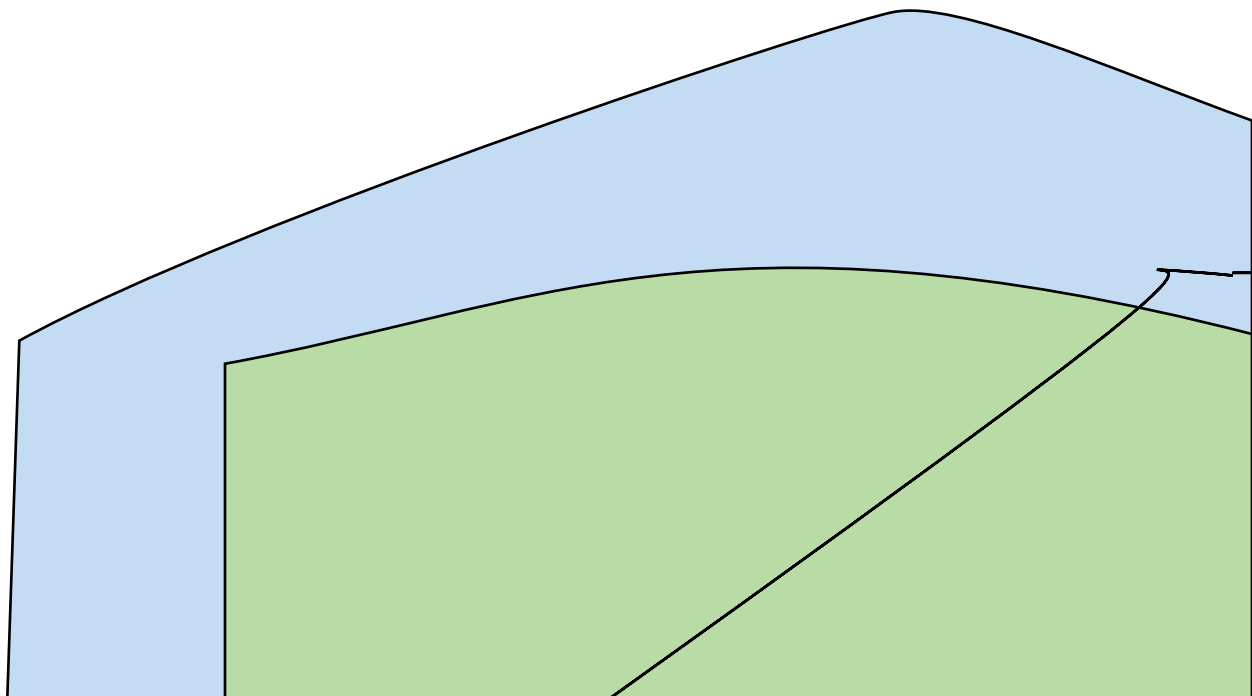
WORKPLACE-BASED  
ASSESSMENT

**AMC  
CERTIFICATE**

The AMC accredits healthcare providers to conduct WBA programs for international medical graduates on the AMC Standard Pathway.

Eligible candidates can apply for a WBA program conducted by an AMC-accredited provider as an alternative to the AMC clinical examination.







AMC candidates are assessed at an intern level. However, the level at which they are employed may be higher than this (e.g. they may be in a PGY2/3 or registrar position in a single discipline).

Respondents must be mindful of the level of

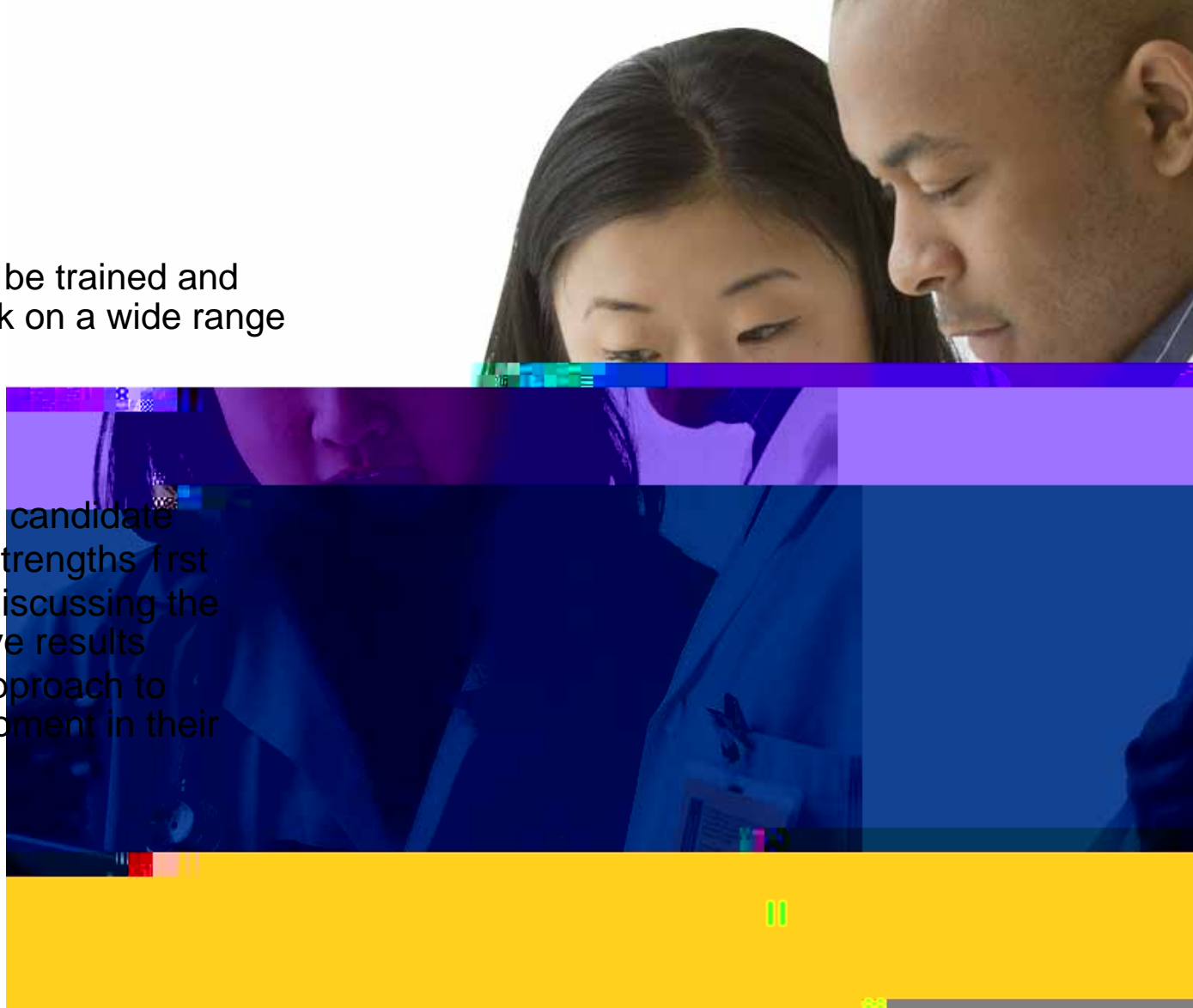


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The feedback provider should be trained and experienced in giving feedback on a wide range of professional attributes.

They should:

- minimise any threat to the candidate
- highlight the candidate's strengths first
- engage the candidate in discussing the reason for any less positive results
- discuss the candidate's approach to potential areas for development in their everyday work.





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The candidate should reflect on their self-assessment, articulate how they could improve on their results (if necessary) and consider the possibilities for further professional development.

For a summative assessment, progress since a previous formative MSF should be highlighted.

The program director and the candidate then develop an action plan.

- Do not nominate a respondent with a conflict of interest (e.g. a personal relationship).
- Nominate a range of people who know you well and have worked with you recently.
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- Make sure you know the candidate.
- Allocate uninterrupted time to complete the task (usually 10–15 minutes).
- Keep in mind the level at which you are assessing; for AMC standard pathway (WBA) you are assessing at the intern level.
- Be fair and honest.

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- Use the whole scale.
- Consider using illustrative comments, if requested, which can be very helpful.
- Do not identify yourself in comments as this may compromise others' confidentiality.
- Give a balanced report – strengths are as important as areas for development.
- If you cannot complete on time, do not agree to assess.

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