Seeing practice from every angle

FEBRUARY 25, 2019

MCC’s multi-source feedback tool “MCC 360” celebrates its first year

Assessment of physicians is expanding beyond education and training to assessment along the continuum of a medical career. The Medical Council of Canada (MCC) has completed its first year of offering a critical component of in-practice evaluation — multi-source feedback.

Commonly used to evaluate executives and professionals in areas other than medicine, multi-source feedback involves looking at performance from a 360-degree perspective — that’s why the new program is called MCC 360. Through MCC 360, physician colleagues, non-physician co-workers, and patients are asked about various aspects of each physician’s communication, collaboration and professionalism.

From pilot to program

The College of Physicians & Surgeons of Alberta (CPSA) with the University of Calgary originally created the Physician Achievement Review (PAR) evaluation tool in 1999 on which MCC 360 is based. Fittingly, Alberta physicians formed a first-year cohort of MCC 360 users for the program pilot, which has now drawn to a close.

"The CPSA has been a true partner. We have established a close relationship and it’s clear we are all committed to mutual success, an investment in pan-Canadian collaboration."

Alexa Fotheringham,
Program Manager for MCC 360, MCC

According to Ms. Fotheringham, the first year led to many learnings around:

- generating the report for each physician participant
- determining the time physicians needed to complete various tasks in the process
- responding to the needs of participants and their organizations

In 2019, the College of Physicians and Surgeons of Manitoba will begin their use of MCC 360, and the College of Physicians and Surgeons of British Columbia will pilot a physician group. The MCC 360 team will also be piloting with regional health authorities and hospitals interested in using the tool, and is embarking on research with four Canadian medical schools to determine the feasibility of using MCC 360 for undergraduate medical students.

"We’re also exploring how physicians can self-select even if they are not doing it through a college, regional health authority, or hospital with the incentive of continuing professional development credits," mentions Ms. Fotheringham.

Much more than surveys and reports

At the core of MCC 360 is a set of surveys taken by physician colleagues, non-physician co-workers and patients, as well as a self-assessment completed by the physician. The survey responses are collated and analyzed to yield a report that the physician may use to plan professional education and development. A key feature of MCC 360 is the inclusion of narrative, comments from the survey responders. Physicians have indicated that those free-text comments are especially valuable in terms of identifying opportunities to improve.

A feedback and coaching session, provided by the participating organization, helps the physician understand and act on their MCC 360 results. Organizations can also opt to receive customized coaching services by experienced facilitators through MCC’s partner Saegis. Saegis’ coaching includes the development of a personalized action plan. “In the facilitated feedback session, the participants are encouraged to reflect on what they are doing well and what others have indicated they could improve upon, and to develop an action plan and follow through,” explains Ms. Fotheringham.

Furthermore, MCC 360 supports those feedback facilitators, who are typically other physicians although non-physicians may also take on this role. "We’ve developed tools for an organization to train their facilitators," adds Ms. Fotheringham. "We also generate a tip sheet that pulls out salient points at a high level from the MCC 360 reports so that an organization’s facilitators can plan their session with each physician."

Physicians using MCC 360 are reporting satisfaction, particularly with the patient feedback and the feedback facilitation process. A majority feel the experience promoted improvements to their practice. With a research agenda that supports program improvements, there will be further quantitative and qualitative research evaluation of the program, starting with the data from this first year.

If the first year of MCC 360 is any indication, the MCC is making strides towards its vision of a national multi-source feedback program that will be improving medicine and patient care.
Voir la pratique sous tous ses angles

25 FÉVRIER 2019
L’outil de rétrospective multisources, le « CMC 360 », célèbre sa première année d’activité

L’évaluation des médecins s’étend désormais au-delà de l’éducation et de la formation et se fait tout au long de la carrière d’un médecin. Cela fait maintenant un an que le Conseil médical du Canada (CMC) offre un élément essentiel à l’évaluation en cours d’exercice – la rétrospective multisources.

Souvent utilisée pour évaluer des cadres et des professionnels dans d’autres domaines que la médecine, la rétrospective multisources permet d’évaluer le rendement dans une perspective à 360 degrés, d'où le nom de CMC 360. Par l’entremise du CMC 360, les collègues médecins, les collègues non-médecins et les patients sont interrogés sur divers aspects de la communication d’un médecin, de sa collaboration et de son professionnalisme.

Du projet pilote au programme

Le College of Physicians & Surgeons of Alberta (CPsA), en collaboration avec la University of Calgary, a créé l’outil d’évaluation Initial nommé Physician Achievement Review (PAR) en 1999 sur lequel est fondé le CMC 360. Une cohorte de médecins de l’Alberta a d’ailleurs formé le premier groupe d’utilisateurs du CMC 360 pour le projet pilote, qui a maintenant pris fin après un an.

Le CPsA est un véritable partenaire. Nous avons établi des relations étroites et il est clair que nous sommes tous déterminés à obtenir un succès mutuel, à investir dans la collaboration pancanadienne. »
Alexa Fotheringham,
Gestionnaire du programme du CMC 360, CMC

Selon Alexa Fotheringham, la première année a donné lieu à de nombreux apprentissages sur la façon de :

• produire le rapport pour chaque médecin participant
• déterminer le temps dont les médecins ont besoin pour accomplir diverses tâches au cours du processus
• répondre aux besoins des participants et de leurs organisations

En 2019, le College of Physicians and Surgeons of Manitoba utilisera le CMC 360 et un groupe de médecins du College of Physicians and Surgeons of British Columbia participera à un projet pilote. L’équipe du CMC 360 lancera également un projet pilote pour les autorités sanitaires régionales et les hôpitaux qui sont intéressés à utiliser l’outil. L’équipe entreprendra un projet de recherche avec quatre facultés de médecine canadiennes afin de déterminer la possibilité d’utiliser le CMC 360 pour les étudiants de premier cycle en médecine.

« Nous explorons aussi la façon dont les médecins peuvent choisir de participer volontairement même s’ils ne le font pas par l’entremise d’un collège, d’une autorité sanitaire régionale ou d’un hôpital, avec des crédits de perfectionnement professionnel continu comme mesure incitative », affirme Mme Fotheringham.

Bien plus que des sondages et des rapports

Au cœur du CMC 360 se trouve un ensemble de sondages remplis par des collègues médecins, des collègues non-médecins et des patients, ainsi qu’une autoévaluation effectuée par le médecin. Les réponses au sondage sont regroupées et analysées pour produire un rapport que le médecin peut utiliser pour planifier la formation et le perfectionnement professionnels. Un élément clé du CMC 360 est l’inclusion de commentaires écrits par les participants au sondage. Les médecins ont indiqué que ces commentaires écrits leur sont particulièrement utiles pour identifier les aspects à améliorer.

Une session de rétroaction et de mentorat, organisée par l’organisation participante, aide le médecin à comprendre et donner suite à ses résultats du CMC 360. Les organisations peuvent aussi choisir de recevoir des services d’encadrement adaptés de la part d’animateurs expérimentés par l’entremise de Saegis, un partenaire du CMC. Le mentorat offert par Saegis inclut le développement d’un plan d’action personnalisé. « Lors de la session de rétroaction animée, on encourage les participants à réfléchir à ce qu’ils font bien, à ce que d’autres ont indiqué qu’ils pourraient améliorer, et à élaborer et mettre en marche un plan d’action », explique Mme Fotheringham.

De plus, l’équipe du CMC 360 soutient les animateurs facilitant la rétrospective, qui sont en règle générale d’autres médecins, bien que des personnes non-médecins puissent aussi jouer ce rôle. « Nous avons élaboré des outils pour que les organisations participantes forment leurs animateurs », déclare Mme Fotheringham. « Nous produisons également une fiche de conseils qui tire les points saillants des rapports du CMC 360 à un haut niveau afin que les animateurs d’une organisation puissent planifier leur séance avec chaque médecin. »

Les médecins utilisant le CMC 360 se disent très satisfaits, en particulier envers la rétrospection des patients et le processus de rétroaction animée. La majorité d’entre eux estime que l’expérience a entraîné une amélioration de leur pratique, grâce à un programme de recherche qui appuie l’amélioration du programme, il y aura une évaluation supplémentaire des recherches quantitatives et qualitatives, débutant avec les données de cette première année.

Si l’on se base sur la première année du CMC 360, le CMC est en bonne voie pour atteindre sa vision d’un programme de rétroaction multisources national qui améliorera la médecine et les soins aux patients.

PARTAGER
Revitalized multi-source feedback tool for physicians comes to BC [1]

In 2019, a select group of physicians in BC will participate in a new multi-source feedback program of the Medical Council of Canada (MCC).

The MCC 360 was launched with the goal of making a significant impact on continuing professional development and in-practice assessment in medicine. Leveraging their expertise in assessment, and building on the Physician Achievement Review tool which was first developed by the College of Physicians and Surgeons of Alberta with the University of Calgary, the MCC aims to mobilize a national movement toward improving medicine and patient care.

Commonly used to evaluate executives and professionals in areas other than medicine, multi-source feedback involves looking at performance with a 360-degree perspective. At the core of MCC 360 is a set of surveys taken by a statistically significant cohort of physician colleagues, health professional co-workers, and patients, as well as a self-assessment completed by the physician around his or her performance as a communicator, collaborator and professional. The responses are collated and analyzed to yield a report that also contains narrative, open-text feedback from their raters, including patients. Physicians have indicated that those free-text comments are especially valuable in terms of identifying opportunities to improve.

Facilitated by the College, a feedback session will help physicians understand the report and act on their results.

The program also features a robust research agenda to guide continual investment and improvement in the evaluation tool.

BC physicians will join a larger cohort of Alberta physicians who are part of the regular program. The MCC is also exploring how physicians can self-select even if they are not participating through a college, with the opportunity to earn continuing professional development credits.

The MCC is looking to offer the program through regional health authorities and hospitals.

For more information on MCC 360, click here [2].

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In a rapidly-evolving healthcare landscape, improving relationships with patients, colleagues and co-workers is of paramount importance. Yet, how does a healthcare professional know how to become a better colleague, co-worker, and care provider? A vital resource for physicians is Multi-Source Feedback. This involves gathering input from a statistically significant cohort of physician colleagues, other health professionals and patients. The physician participant then receives aggregated feedback to improve their practice.

How does Multi-Source Feedback work?

Multi-Source Feedback (MSF) is a process originally developed in the industrial sector. Recognizing the importance of providing physicians with feedback on their professional behaviours, regulatory authorities, professional organizations and health systems began adopting MSF for physicians. MSF consists of four stages:

1. The data about a physician’s observable workplace behaviours are collected through questionnaires from those interacting with the individual and include a self-assessment questionnaire.
2. The data about the physician are separately aggregated by source (e.g., physician colleagues, patients, non-physician co-workers) for anonymity and confidentiality.
3. The aggregated data, along with self-assessment data, are provided to the individual in a report for reflection upon strengths and opportunities for improvement.
4. The physician meets with a trusted individual to review the data, have a feedback conversation and develop an action plan.

Just receiving the data is not enough to enable meaningful practice change. Research in both industry and medical education shows that simply receiving a report on one’s performance, even when gaps are apparent, is often insufficient to promote learning or a change in practice. Significant practice improvements in response to performance data require a facilitated feedback conversation, coaching for change and the development of an action plan.

MSF in action

One program based on this approach has been developed by the Medical Council of Canada (MCC). Leveraging its assessment expertise and best practices, the MCC has launched a national MSF program. At its core, the new program is about providing physicians with meaningful and actionable feedback to improve patient care.

The program is built around the Physician Achievement Review evaluation tool that was first developed by the College of Physicians & Surgeons of Alberta (CPSA) in partnership with researchers at the University of Calgary. With the intellectual property now transferred to the MCC, the revamped tool and process have been renamed “MCC 360.”

MCC 360 was designed based on CanMEDS, the Royal College of Physicians and Surgeons of Canada’s physician competency framework. It provides participant physicians with narrative, open-text feedback from their raters, including patients, on where they can improve. The program also features a robust research agenda, to help with continual investment and renewal in the evaluation tool.

On a broader scale, the program's governance structure is designed to help mobilize a national movement toward improving medicine and patient care. The MCC 360 Governance Committee is composed of regulators and educators, as well as physician quality assurance and improvement programs.

The MCC 360 was launched just a few years ago with the goal of making a significant impact on continuing professional development and in-practice assessment in medicine. “Physicians will want to participate,” says Dr. Karen Mazurek, Chair of the MCC 360 Governance Committee and Deputy Registrar of the CPSA, “because the feedback that they'll get will be helpful to them in providing good care to their patients.”

How MSF is within the Canadian medical community

The practice of using data with feedback to guide learning and practice improvement is an integral CPD component with the Canadian Council of Medical Regulatory Authorities (CCMRA) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

From a regulatory perspective, the Federation of Medical Regulatory Authorities of Canada (FMRAC) has formally recognized the role that performance and practice assessment play in ongoing practice improvement and, in 2015, initiated the Physician Practice Improvement (PPI) framework. MSF processes fit readily into the PPI cycle for physicians, providing them with assessment data to use in creating and implementing a learning plan and evaluating outcomes.

MCC is one assessment tool in a broader “performance assessment toolbox”. Physicians may receive data from other sources, such as medical record audits and population metrics, about their medical expert role. Taken together, MSF and assessments of medical expertise can provide physicians with a more extensive and authentic overview of their performance, a rich data source for identifying their practice strengths and areas in which they could be doing better, and for developing plans for improvement.

“To be a physician is so much more than just being a medical expert,” explains Dr. Mazurek. “My vision is that every physician in our country will participate in this kind of 360-degree process at one or more points in their careers.”

For more information regarding the MCC 360, please visit mcc.ca/projects-collaborations/mcc360

Saegis also offers several programs that can help physicians improve their performance including “Successful Patient Interactions”, “Effective Team Interactions” and programs specifically for healthcare leaders focused on setting the conditions for a better organizational culture. To learn more, click here (saegis.solutions/en/saegis-solutions/programs-healthcare-institutions).
Many voices and one direction – developing a Canadian multi-source feedback program

Cindy Streeferk, Medical Council of Canada, cstreeferker@mcc.ca

The Medical Council of Canada (MCC) has been developing a national multi-source feedback program called MCC 360. At its core, the new program is about providing physicians with meaningful and actionable feedback to improve patient care. This program builds on a “360-degree” evaluation tool, known as the Physician Achievement Review, that was first developed by the College of Physicians & Surgeons of Alberta ( CPSA) in partnership with colleagues at the University of Calgary. With the Intellectual Property now transferred to the MCC, the revamped tool and process have been renamed “MCC 360”.

The tool uses surveys to collect feedback from the individual physician, as well their coworkers (such as office staff), colleagues (including other physicians and allied health professionals) and patients. The focus is on the individual physician’s role as a communicator, collaborator, and professional. The scope of the project is broader, however, than just the surveys and questionnaires. It includes the tool, standards and supporting research activities as well as a survey delivery platform.

Physician participants will also benefit from several new innovations such as receiving narrative feedback from their patients, coworkers, and colleagues. Within the next year, the program will publish “feedback supports”. These will include online tools to assist physicians with integrating the feedback coming out of their MCC 360 reports, so that they can make changes to their practice and improve patient care. The program features a robust research agenda, to help with continual investment and renewal in the evaluation tool. A physician focus group has already been held, and future qualitative and qualitative research activities are being planned for 2018.

An initial “pilot” began in August 2017, with a cohort of 500 physicians being invited to participate in the survey process. MCC has marked many exciting milestones these past few months, including sending out the first pilot feedback package to a physician participant, and receiving the first set of patient questionnaires back from “the field”. The program provides an opportunity for organizations across the country to join a larger movement and adopt in-practice assessment best practices. It is also aligned with how physicians practice medicine in Canada and is anchored in the CanMEDS framework.

For more information on MCC 360, please see: http://mcc360.ca/
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De nombreuses voix et une direction – création d’un programme canadien de rétroaction multisources

Cindy Streeferker, Le Conseil médical du Canada, cstreeferker@mcc.ca

Le Conseil médical du Canada (CMC) s’affaire à créer depuis un certain temps un programme national de rétroaction multisources appelé MCC 360. Dans son essence même, le nouveau programme consiste à offrir aux médecins une rétroaction fructueuse et utile dans le but d’améliorer les soins aux patients. Ce programme repose sur un outil d’évaluation « tous azimuts » connu sous le nom de Physician Achievement Review, élaboré à l’origine par le College of Physicians & Surgeons of Alberta ( CPSA) en partenariat avec des collègues de l’Université de Calgary. La propriété intellectuelle ayant maintenant été transférée au CMC, l’outil et le processus renouvelés ont été rebaptisés « MCC 360 ». L’outil fait appel à des sondages afin de recueillir une rétroaction auprès de chacun des médecins, ainsi qu’aux leurs collègues de travail (par exemple le personnel de bureau), auprès de leurs collègues du domaine médical (notamment les autres médecins et professionnels de la santé) et auprès des patients. L’accent est mis sur le rôle du médecin en tant que communicateur, collaborateur et professionnel. Cependant, ce projet a une portée qui s’étend au-delà des simples sondages et questionnaires, il comprend l’outil, les normes et les activités de recherche à l’appui ainsi que la plateforme de prestation d’un service de sondage.

Les médecins participants bénéficieront également de plusieurs nouvelles innovations, notamment l’obtention d’une rétroaction narrative de la part de leurs patients, de leurs collègues de travail et de leurs collègues du domaine médical. Au cours de l’année à venir, le programme publiera des « outils d’aide à la rétroaction ». Ceux-ci comprennent des outils en ligne pour aider les médecins à intégrer la rétroaction provenant de leurs rapports MCC 360, ce qui leur permettra d’apporter des changements à leur pratique et d’améliorer les soins prodigués aux patients. Le projet comporte aussi un solide programme de recherche, lequel fera le renouvellement et l’investissement constant dans l’outil d’évaluation. Un groupe de discussion avec des médecins a déjà été tenu et des activités de recherche quantitatives et qualitative sont actuellement planifiées pour 2018.

Un projet « pilote » initial a été entrepris en août 2017, une cohorte de 500 médecins ayant été invitée à participer au processus de sondage. Le CMC a franchi de nombreux jalons passionnants ces derniers mois, y compris l’envoi de la première tranche d’introduction au médecin participant et la réception de la première série de questionnaires remplis par les patients sur le « terrain ». Le programme offre l’occasion aux organisations de l’ensemble du pays d’adhérer à un plus vaste mouvement et d’adopter des pratiques exemplaires en matière d’évaluation de la pratique. Le programme est également harmonisé avec la façon dont les médecins exercent la médecine au Canada et s’inscrit dans le cadre CanMEDS.

Pour obtenir de plus amples renseignements sur le MCC 360, consulter : http://mcc360.ca
Vous pouvez aussi communiquer avec cstreeferker@mcc.ca

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Recognizing that physicians need to be more than medical experts and that assessment is more than examinations, the MCC has embarked on a national project to incorporate multisource feedback into physician quality assurance and improvement programs.

The project builds on a “360-degree” evaluation tool first developed in 1999 by the College of Physicians and Surgeons of Alberta (CPSA) with the University of Calgary. Now transferred to the MCC, it has been renamed “MCC 360” and is the cornerstone of the project. The tool uses surveys to collect feedback from the physician him- or herself, co-workers (such as office staff), colleagues (such as other physicians and allied health professionals), and patients, concerning the physician’s “softer skills.”

“There are a number of competencies required to be a good physician: communication and collaboration, professionalism, advocacy on behalf of your patients, managing your practice, leadership, and scholarly skills. We need to pay attention to all of those.”

— Dr. Karen Mazurek
Chair, MCC 360 – Multisource Feedback Committee; Deputy Registrar of the CPSA

Assessment of “softer skills” throughout training and practice: the MCC 360 – Multisource Feedback project

Following the survey process, a report is produced “to identify areas of strength and areas to improve, so physicians have some data available to them to look at how they can improve their practice,” explained Ms. Cindy Streefkerk, Project Lead with MCC’s Psychometrics and Assessment Services.

But the Multisource Feedback project will include more than the MCC 360, she said. “The project includes the tool, standards, national comparisons of scores, but it is a broader program, including survey service delivery, offering feedback supports and research to inform best use of the tools.” Multisource feedback will typically form one part of a comprehensive quality assurance/quality improvement process for physicians.

The impetus to develop multisource feedback on the national scale came from across the country.

“In Alberta, we developed the tool for doctors in our province, and then other provinces started to ask...
potential to improve physicians’ skills across the continuum, “from the minute we get into medical school until we leave the practice of medicine,” emphasized Dr. Mazurek.

Governance of the multisource feedback project is a collaborative effort, said Ms. Streefkerk, including users and non-users, certification colleges, representatives from undergraduate and postgraduate medical education, continuing professional development, and researchers.

Multisource feedback represents a move toward in-practice assessment as a valuable addition to traditional exam-based assessment, said Ms. Streefkerk. It has the potential to improve physicians’ skills across the continuum, “from the minute we get into medical school until we leave the practice of medicine,” emphasized Dr. Mazurek.

For more information about the MCC 360 – MSF project:

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