Multi source feedback: development and practical aspects

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A BIT ABOUT MULTI SOURCE FEEDBACK

Multi source feedback (MSF) is a means of assessment based on collated questionnaires from a range of co-workers and may also include patient feedback. Alternative terminology includes peer assessment, peer review or ratings and 360-degree feedback. There is a body of evidence that supports its use in a medical setting, particularly from the US and Canada\(^1,2\) and 360-degree feedback has been widely used in industry for many years. In the UK, MSF is becoming an established part of work-place based assessment for doctors in training (i.e. to inform Records of In Training Assessments (RITAs)) and as part of the evidence collected to support consultant appraisal (and potentially revalidation). Used effectively MSF has the potential to generate structured feedback, which informs educational planning by building on strengths and identifying areas for development. Sheffield Peer Review Assessment Tool (SPRAT) is an MSF tool mapped explicitly to Good Medical Practice\(^3\) (GMP) that is being used in a number of settings as part of overall workplace based assessment systems and also to inform consultant appraisal.

DEVELOPMENT OF SPRAT

SPRAT was originally developed to be used on a voluntary basis to inform consultant appraisal. It has subsequently been modified...
in response to qualitative feedback and psychometric evaluation. SPRAT has been used and evaluated in a range of settings including consultants, paediatric SpRs and SHOs, vocational training scheme (VTS) trainees and doctors participating in Foundation programmes. Tests of reliability based on generalisability theory show that many doctors will need as few as four raters to be able to make a reasonably confident decision about whether they are in difficulty or not. This is likely to be particularly useful for doctors in settings such as General Practice where few raters may be available. However, for doctors who are borderline more raters will be needed. In addition, increased numbers of raters will allow wider sampling both across and within occupational groups broadening the perspective.

Content validity of SPRAT is established as it maps directly to GMP, the framework for good practice for all doctors in the UK. Completion of the form takes only 5–6 minutes and response rates have been good, in excess of 70% in all settings. A shortened version (mini-PAT) is now being used across many Deaneries as part of Foundation assessment pilots and a copy of mini-PAT can be viewed at http://www.mmc.nhs.uk/assessment.

SPRAT consists of 24 questions and a global rating scale with space for free text. Rating is on a 6-point scale where 4 is satisfactory. mini-PAT consists of 15 questions and a global rating scale and again includes space for free text. Both questionnaires contain a question in relation to health and probity. Shortening of SPRAT to mini-PAT was undertaken following a mapping exercise in relation to the Foundation curriculum (content validity).

SPRAT IN PRACTICE

A doctor who is going to be assessed using SPRAT is sent a pack containing the basic data, self-SPRAT, and rater nomination forms with guidelines. The basic data form collects information...
about the doctor being assessed such as gender, ethnic group, placement etc. This information is an important part of quality assurance processes in order to identify any systematic sources of bias. An envelope to return the completed forms to the administrative centre is provided. Raters’ consent to complete a SPRAT form should be sought verbally by the doctor being assessed. Evidence from the US suggests that using self nominated raters (as opposed to supervisor nominated raters) has no significant effect on the ratings obtained. This enhances feasibility. Assessee are asked to select raters from across the full range of clinical co-workers including nursing staff, allied health professions (AHPs) and medical staff at any level including their own. Trainees are expected to include their immediate supervising clinical consultant amongst their nominated raters.

Having received the list of nominated raters the administrative centre sends out SPRAT forms directly to raters including guidelines and an envelope for return. As rater forms are returned to the administrative centre they are scanned and verified including free text comments. Responses from all the raters received for a doctor are then collated and compared with his or her self-rating (Figure 1). The

| Number of Raters: 8 | Feedback Chart for Dr X |

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<th>Your Avg Rating per Question</th>
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<th>Self Rating</th>
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**Dr X is always full of enthusiasm, is a good team worker & is extremely caring. She always deals very efficiently with & shows a great deal of empathy towards people.**  

**DR X has excellent communication skills. She is very committed to teaching others and is a good role model for everyone in the department.**  

**Dr X works very well under pressure. She is an excellent doctor.**  

**Dr X values and is willing to listen to other members of the team. I like that.**  

**She is great with parents – very sympathetic**  

**Sometimes needs to believe in herself more!**

*Figure 1.*
total number of raters who returned forms is documented on the report. The feedback also contains verbatim the free text comments but these are not attributable to any given individual. Feedback reports are usually sent to the relevant programme director for distribution to trainees via their educational supervisors (Figure 2).

**GIVING FEEDBACK**

Ideally feedback is provided face to face. In order to allow the doctor being assessed to digest the feedback it is often helpful to allow him or her to look at it for a few moments before embarking on discussion (perhaps while the trainer/appraiser makes tea or coffee).

The utility of MSF including SPRAT depends enormously on the skill of the trainer/appraiser facilitating the feedback. Ideally the appraiser should be trained in feedback skills and have been provided with some specific information on the tool that is being used for MSF. Guidance for supervisors on feedback with SPRAT has been developed in response to this identified need.

A particularly useful aspect of MSF using tools such as SPRAT is that they provide an opportunity for individuals to compare how they rate themselves with how they are perceived by their colleagues. This can be helpful especially for doctors in difficulty who may lack insight or more commonly for doctors who lack confidence and rate themselves less well than their colleagues do.

Four key principles are highlighted in relation to feedback by Holmboe in a recent review of feedback in relation to the mini clinical evaluation exercise, (mini-CEX) a structured rating scale for assessing an observed interaction with a patient.8,11 These are applicable to any feedback situation and SPRAT feedback facilitates these (Box 1). Discussion should focus on identifying areas of strength and weakness and very importantly helping the learner identify where he or she feels developmental work would be useful. This discussion can then be used to inform action planning by recording goals and objectives in a personal development plan. Care must be taken not to focus on minutiae or an isolated adverse comment. Raters are encouraged to be constructive rather than destructive when commenting but nonetheless feedback can still sometimes be upsetting and

**Box 1.**

Four aspects of good feedback (Holmboe 2004)

- Provide an assessment of strengths and weaknesses
- Enable learner reaction
- Encourage self-assessment
- Develop an action plan
appropriate pastoral support is important in this situation. It is also important to remember that while SPRAT may suggest areas in need of development further diagnostic work will be needed to determine the nature and extent of any potential problems. For example, SPRAT may suggest a problem in relation to communication but further work using techniques such as video feedback may be needed to determine the exact nature of the problem. In addition, it is important that if any problem areas are highlighted that a clear action plan is agreed between supervisor and trainee and followed through. SPRAT and mini-PAT (like other MSF tools) should be used as part of an overall assessment system rather than in isolation. Nonetheless for many doctors being assessed using MSF offers a valuable opportunity to obtain structured feedback from a range of colleagues that helps them to obtain a better understanding of their own role and functioning as a professional, facilitating meaningful professional development.

EVALUATION AND QUALITY ASSURANCE

Many challenges remain in ensuring the best use of MSF tools. Evaluation and quality assurance of any assessment tool should be continuous and developing tools is an iterative and evolutionary process. In particular more work in relation to actual behavioural change in response to SPRAT and other forms of MSF is needed and should include determination of factors (both intrinsic and extrinsic) that facilitate and impede such behavioural change. In addition it is clear that further work in relation to validity is needed, and this is underway. Finally, MSF can (and should where possible) include patients’ perspectives, and while there are some validated tools available their use is not yet widespread in the UK. Exploration of the relationship between colleague and patient’s perceptions of communication and professional attributes is an important area for further work.

REFERENCES