



CPD handbook appendix 5PM

Multi-source feedback (pain medicine practice) - guidelines

Purpose

The essential competencies of a pain medicine specialist extend beyond medical knowledge and clinical expertise, to include additional competencies such as: communication and teamwork; advocacy and professionalism; and teaching and learning. The purpose of the multi-source feedback (MsF) is to guide improvement by asking colleagues and co-workers to identify attributes that can be developed further and/or addressed if necessary. Completion of the activity requires a facilitator to collate data from the forms and provide feedback to the participant.

Related documentation

- Multi-source feedback (MsF) form.
- Multi-source feedback response collation form.
- Multi-source feedback self-assessment form.
- Multi-source feedback confidentiality and CPD verification form.

Prior to the MsF process

1. A facilitator must be selected to assist with completing this activity. The facilitator can be a trusted colleague and ideally has some experience in providing feedback.

The facilitator is responsible for:

- Checking that colleagues and co-workers from whom the participant has asked for responses are representative of the participant clinical practice;
- Following up on submission of MsF forms from identified responders;
- Collating results on the summary form;
- Destroying the original MsF forms after the summary form has been completed;
- Initiating the feedback meeting;
- Discussing the results in a formative way with the participant at a feedback meeting.

The facilitator should read through the guidance prepared by ANZCA regarding feedback provision to specialists that have completed practice evaluation activities for the purpose of CPD.

2. Ask the facilitator to sign the confidentiality section of the MsF confidentiality and CPD verification Form.
3. The participant considers the colleagues or co-workers that will be asked to participate in the practice evaluation activity. Responders should be asked beforehand whether they would agree to take part in the MsF. The choice of responders should reflect the participant clinical practice (e.g. if they are responsible for supervising a trainee/s, a trainee should be represented among the responders).

For pain medicine specialists, it is recommended that feedback responses include pain medicine colleagues, referring specialists, general practitioners and trainees (where relevant). Allied health and administrative staff may also be approached.

The participant should check that the facilitator agrees with the chosen responders.

The MsF process

4. Distribute the MsF forms to those that have agreed to take part in the activity. It is suggested that 10 MsF forms are distributed. Responses from a minimum of 6 forms must be included on the summary form.
5. The participant completes the self-assessment form. Published data suggest that any discrepancy between the participant own judgement of his/her performance and that of their colleagues is a useful discussion point for further reflection. Give the facilitator the completed self-assessment form and ask them to be in contact with you to organise a feedback meeting.
6. The facilitator follows up outstanding responses. A feedback meeting should be organised soon as possible after:
 - A minimum of six to eight forms has been received, remaining responders have been followed up, and it is confirmed that all forms to be included have been submitted.
 - The self-assessment form has been completed by the participant.
 - The responses have been collated on the MsF summary sheet by the facilitator.
 - The summary sheet has been provided to the participant, providing the opportunity to review the results.

One of the strengths of this process is that responders provide feedback in a confidential manner. The facilitator must not show the participant the original MsF forms submitted, only the collated summary form.

7. The participant and the facilitator should meet for approximately 20-30 minutes to talk about the results of the survey. It is suggested that the participant be asked about any particular items on the MsF that they may be concerned about and aspects of their practice they could improve upon.

The facilitator then talks through the summary results for each item, discussing any issues that may arise from the results. The participant should be complimented on areas they scored highly as well as identifying any areas for improvement. The facilitator should concentrate on specific areas that have a high variance between the participant self-assessment (should be indicated in grey on the form) and colleagues' feedback. Then specific items of behaviour can be focussed on.

The facilitator may ask the participant to consider why they may have received negative results (if any) and discuss examples of how they approach those aspects of practice. They should also help to prompt the participant to consider how they could improve the results (if needed) and possibilities for professional development.

8. The participant asks the facilitator to sign the Verification section of the MsF Confidentiality and Verification Form.

Recording this CPD activity

Completion of this activity can be recorded on the CPD portfolio system.

Participant will be asked to provide the following information:

- Number of MsF forms collected.
- Start and end date
- Total hours
- Name and contact details of the facilitator.
- A completed CPD verification form.

If a participant is selected to be involved in the random audit of CPD activities, the participant must provide evidence of the MsF process. A copy of the MsF form and the MsF confidentiality form is acceptable. These forms can then be uploaded to the CPD portfolio system. The facilitator may be contacted by the college to verify that the activity took place.