Multi-Source Feedback

Chittur A. (C.A.) Sivaram MD FACC

David Ross Boyd Professor
Department of Medicine, Cardiovascular Section
Director of CV Fellowship Training Program
University of Oklahoma
Oklahoma City, OK

FACET
FELLOWSHIP ADMINISTRATORS IN CARDIOVASCULAR EDUCATION & TRAINING

Pleased to See you Again!

No Disclosures relevant to this presentation

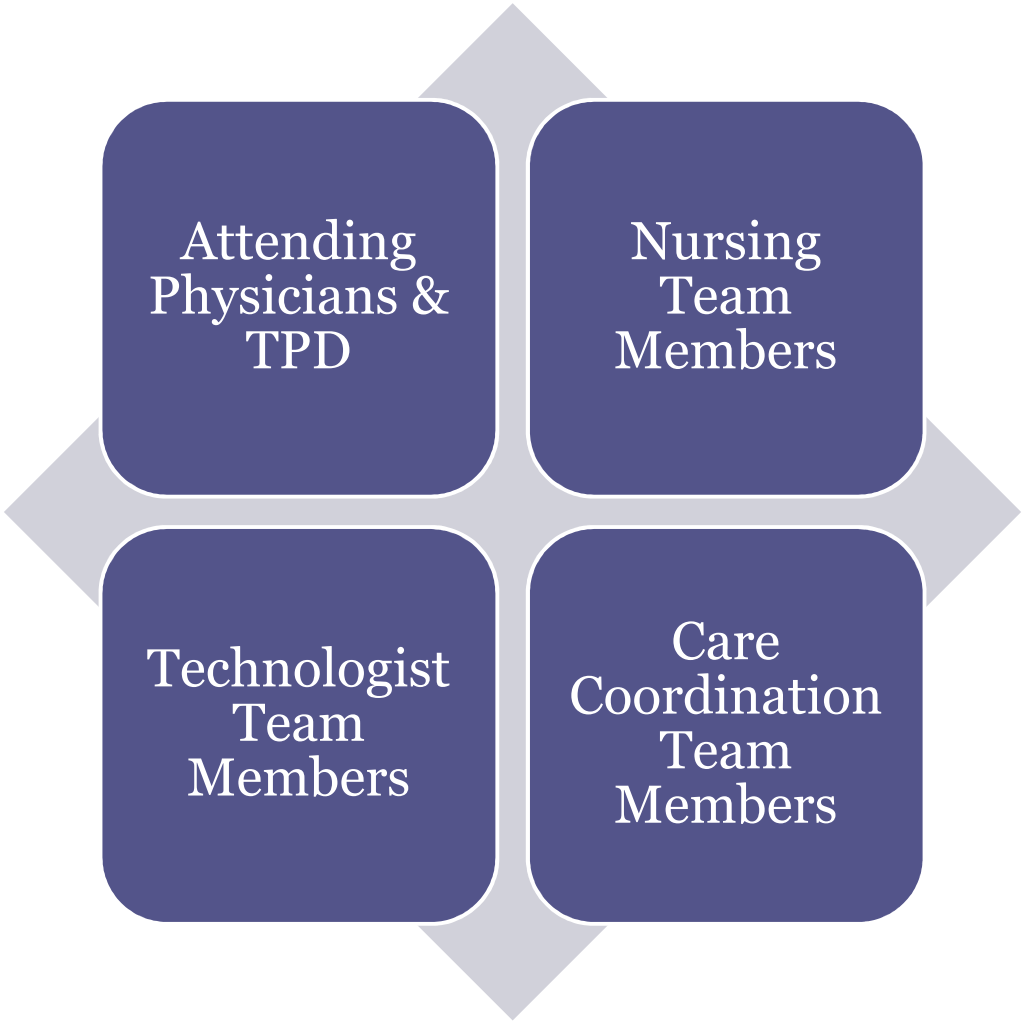
Goals

- Define what multisource feedback is
- Enumerate challenges involved in meaningful implementation of effective multisource feedback
- Describe our journey within the CV fellowship program at University of Oklahoma in streamlining the process of MSF
- Recount lessons learned, discuss future considerations

Feedback

- Is an important part of competency based education
- Traditionally feedback was given by teaching faculty and program directors only
- Current focus on feedback provision is broader
- All members of the team in which our fellows work should be asked and be able to provide feedback
- Goal: richer professional and personal development of our fellows

Who should provide feedback



Others:

- Patients
- Families
- Training Program Coordinators
- Peers

Let us face reality….

Getting Evaluations Completed is Challenging….
Do you agree?

The OU Experience with Multisource Feedback: A Story of Programmatic Quality Improvement Project

- Two teaching hospitals (Oklahoma City VA, OU Medical Center)
- We ask each month CICU Nurses, cath lab nurses & echo lab sonographers from both hospitals and the EKG lab technical staff at our VA for feedback/evaluation of fellows
- Requests go via MedHub to a specific individual in each area and evaluations are returned via MedHub

Our Chronic Problems

- Return rate of evaluations/assessment poor (<50%) for MSF
- Not timely
- All evaluations positive
- Comments regarding medical knowledge and procedure skills occasionally provided in MSF

Root cause analysis

- We are all time stressed
- Multi-source evaluators are not provided orientation regarding what is expected
- People move- emails going to folks who were no longer in their jobs
- Firewalls at the VA were blocking requests for MSF
- Evaluators were not sensing any appreciation for their contributions to fellow development

Process Improvement

- We met with all the multi-source feedback (MSF) providers over lunch (TPD and coordinator)
- We outlined the purpose of MSF
  - Communication skills
  - Professionalism
  - Empathy
  - Respect for others
  - Responsiveness to patient needs
  - Ability to work within a multidisciplinary team
  - Not focused on medical knowledge or procedure skills (which should be evaluated by teaching physician faculty)

Process Improvement (contd.)

- Discoveries during our discussion
  - Some MSF providers had moved
  - The VA firewalls
  - Feedback from team members were not anonymous
  - Intent for MSF were not clear to everyone

Actions taken

- Started with a big ‘thank you’
- Made evaluators anonymous (changed to CICU team, Echo Lab team etc. rather than specific individuals) to protect their privacy and assure their ability to continue to work with the fellows
- Asked for the entire team to contribute to feedback (e.g. CICU team: nurses, social workers, pharmacists etc.)
- Sent reminders (but not the actual forms) to personal e-mails to circumvent the firewall issues

Results

- Improved rate of return
- Richer feedback
- We still do not receive negative comments (might indicate our fellows are highly professional!)

Challenges in Providing Multi-Source Feedback

- Feedback across health care disciplines
- “Halo effect” & “horn effect”
- Being able to separate the contribution of fellows to the evaluator’s job from what they do for patient care (‘she always helps me start IVs’, ‘he helps me to transport patients’ etc.)
- Time pressure
- Lack of cultural competence

Closing Thoughts

- Multisource feedback is critical for fellows' professional growth
- The system for providing MSF has to be simplified/streamlined and the intent for MSF clarified
- We need to appreciate the efforts of MSF providers

Questions & comments?