



Multi-Source Feedback (360 degree Feedback) Quick Guide



The RACGP is pleased to recognise CFEP Surveys as a Major CPD Provider and their high quality CPD, "Multi-Source Feedback Quick Guide".

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The Multi-Source Feedback fast guide

A quick guide for clinicians undertaking Multi-Source Feedback to improve their professional and interpersonal performance, and for health services, hospitals, medical colleges and CPD homes offering Multi-Source Feedback as a professional development program

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[Click here to download the Comprehensive Multi-Source Feedback Guide.](#)



Fast facts

- Multi-Source Feedback gives a 360-degree view of professional performance.
- Multi-Source Feedback is ideal for use across a doctors career span.
- Multi-Source Feedback has wide-reaching benefits across the entire health system.
- Multi-Source Feedback contributes significantly to clinicians' continuing professional development.
- CFEP Surveys offers a market-leading Multi-Source Feedback tool.
- The Multi-Source Feedback tool has 3 parts: patient assessment, colleague assessment, self-assessment.
- Multi-Source Feedback involves 3 participant types: clinician, patients and colleagues (reviewers), debriefer (a coach or supervisor who provides a formal debrief), the supporting medical colleague (SMC).
- The Multi-Source Feedback process spans 4 stages: data collection, analysis and reporting, debrief and self-reflection, action planning and CPD allocation.
- Organisations offering Multi-Source Feedback as a professional development program need a robust implementation plan.
- Multi-Source Feedback should be revisited annually in line with the Medical Board of Australia Professional Performance Framework.

Multi-Source Feedback gives a 360-degree view of clinician performance

Multi-Source Feedback is an evidence-based professional development tool for doctors of all specialties.

Clinicians use Multi-Source Feedback to collect objective, specific feedback from their patients and clinical and non-clinical colleagues to gain a 360-degree perspective of their performance. It's sometimes called 360 feedback.

Multi-Source Feedback is a powerful tool for generating insights into professionalism and practice. It's an opportunity for evidence-based reflection to identify strengths and improvement areas.

Multi-Source Feedback works towards the Quadruple Aim of health care and value-based health care. It helps drive continuous, data-driven quality improvement so clinicians can work at the top of their scope and help achieve high-performing health care nationally.

Multi-Source Feedback qualifies as continuing professional development (CPD) hours, and aligns with the Medical Board of Australia's new Professional Performance Framework.¹

Clinicians and organisations participate in Multi-Source Feedback

Clinicians – Multi-Source Feedback candidates

- Use Multi-Source Feedback as an objective approach to professional development, growth and improvement
- Use Multi-Source Feedback to reflect on your role as communicator, collaborator and professional to become an even better clinician
- Receive continuing professional development hours with medical colleges and peak bodies nationally



Figure 1: Multi-Source Feedback tool domains, roles and definitions.

Source: Developed by CFEP Surveys, 2021.

Organisations – medical colleges, CPD homes, hospitals and health services offering Multi-Source Feedback

- Support your membership to meet requirements under the Medical Board of Australia's Professional Development Framework from 2023, and industry regulations
- Provide a robust, internationally validated and evidence-based Multi-Source Feedback tool for clinician and non-clinician quality programs
- Help create a culture of collaboration, communication, trust and excellence among clinical cohorts
- Help strengthen and embed evidence-informed professional development and continuous quality improvement into ongoing professional practice

CFEP Surveys offers a market-leading Multi-Source Feedback tool

The CFEP Surveys Multi-Source Feedback tool is a robust, internationally validated and evidence-based Multi-Source Feedback program.

The CFEP Surveys Multi-Source Feedback tool is available to any health care professional operating in any sector within the Australian healthcare system. Variations are available for some specialties and their medical colleges.

A non-clinical Multi-Source Feedback tool is also available, to support organisations with a whole-of-practice approach to quality improvement that engages all members of the practice or care delivery team.

CFEP Surveys Multi-Source Feedback tool includes:

- access to a **secure online portal** to streamline data collection and reporting and maintain privacy and confidentiality
- **personalised support** to limit the administrative burden on clinicians
- comprehensive, **insightful and easy-to-follow reports** to support self-reflection and highlight improvement areas for improvement
- **comprehensive benchmarking data** to compare performance to national averages
- a **complementary reporting interpretive guide**, and the option of a formal review.

For more information about CFEP Surveys services, see: cfepsurveys.com.au

Multi-Source Feedback has wide-reaching benefits



Clinician

- A true professional development exercise
- Interpersonal and professional skills development
- CPD hours to meet annual professional development requirements
- Stronger professional and personal support networks
- Stronger professional standing and reputation
- Deeper trust from your medical college and professional network
- A great pulse check in a changing health landscape



Patients

- A greater voice in health care
- A stronger partnership in health care
- Acknowledgement of the patient experience
- A chance to directly improve patient care
- Greater trust in providers, and greater engagement and activation in care



Healthcare organisations including medical colleges and CPD homes

- An evidence-based tool that supports clinical cohorts
- Additional rigour to a cohort's professional performance and reputation
- Evidence of quality improvement in micro, meso and macro systems and processes
- Encouragement for clinical cohorts to continually seek improvement in their own service delivery
- Confidence in a validated, 'fit-for-purpose' MSF tool and associated reflective exercise and peer support elements
- A full-service model from CFEP Surveys



- Clinicians who are better informed and more likely to work at the top of their scope, supporting superior service delivery across the system
- Stronger collegiate relationships and networks, creating a more robust system where more information is shared and fewer risks exist because clinicians are more likely to consult a colleague as a result of the trust developed during the MSF process
- Support for the person-centred approach to health care, in line with the national move towards person-centred, integrated, value-based care
- A standard and validated Multi-Source Feedback tool that reduces variability of feedback and increases the value of the reflective and peer support processes – quality measures, delivered in a supportive standardised way
- Potential cost savings from improved clinical service delivery – a more engaged, more agile clinical cohort, more responsive to patient need

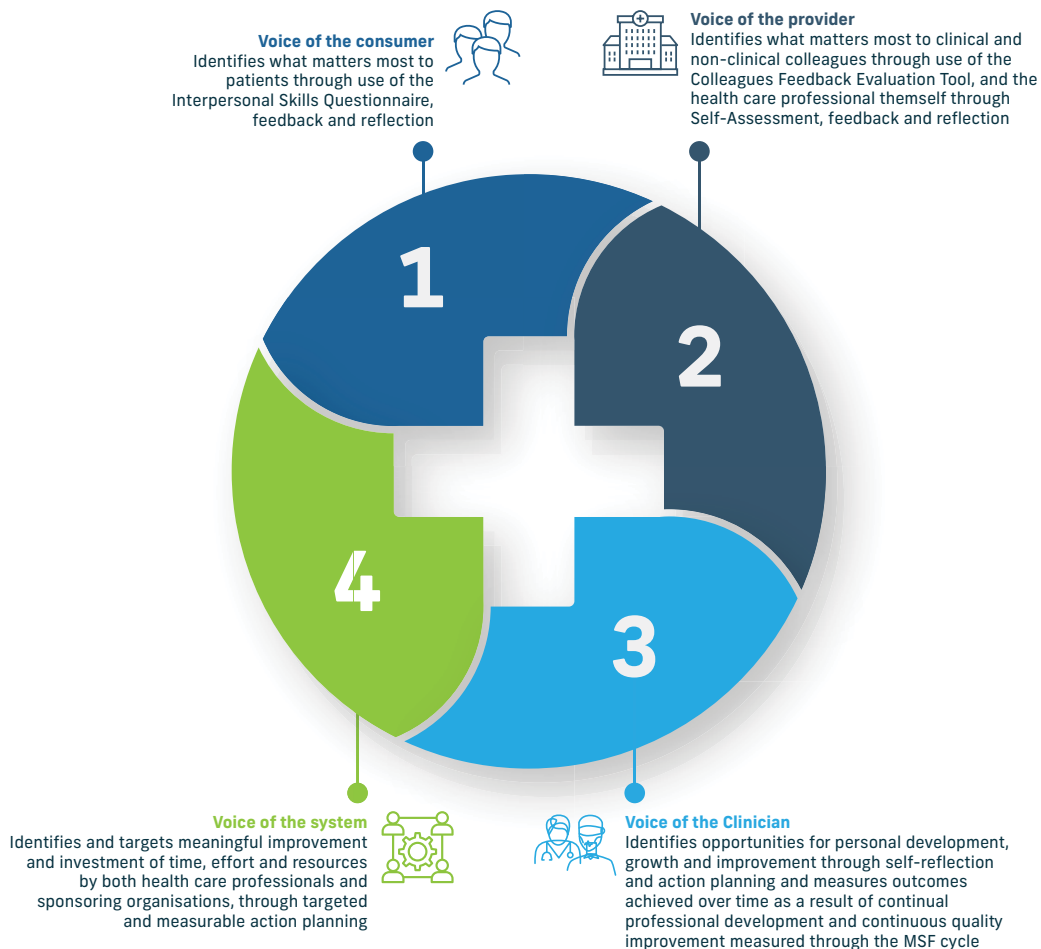


Figure 2: Quadruple Aim and Multi-Source Feedback.^{2,3}

Source: Adapted by CFEP Surveys, 2022.

The CFEP Surveys Multi-Source Feedback tool has three parts

The Multi-Source Feedback tool (and its variants) comprises three evidence-based instruments which assess each of the three roles clinicians undertake: collaborator, communicator, professional.

Each instrument is based on observable behaviours of health care professionals.

The three instruments in the Multi-Source Feedback tool are:

- 1** **Interpersonal Skills Questionnaire (ISQ)**
– *What is my patient's experience of care?*
- 2** **Colleague Feedback Evaluation Tool (CFET)**
– *How am I perceived by my colleagues?*
- 3** **Self-Assessment (SA)**
– *Do I see myself as others see me?*

A combined assessment of the three roles a clinician plays gives a rounded perspective on their performance, and identifies key strengths and areas for professional development, personal growth and improvement in practice.

See the Multi-Source Feedback supporting guide for a closer look at the CFEP Surveys Multi-Source Feedback tool.



Multi-Source Feedback involves four participant types

MSF candidate

- Undertakes, Multi-Source Feedback either independently, or as a part of their training program through a medical college or CPD home, or perhaps as a part of a workplace program
- Undertakes the Multi-Source Feedback process for professional development and a 360-degree of their performance across their roles as communicator, collaborator and professional
- Nominates their colleague reviewers and debriefer (and/or supporting medical colleague (SMC))
- Completes the Self-Assessment instrument of the Multi-Source Feedback tool

Reviewers (patients and clinical and non-clinical colleagues)

- Provides objective feedback about an Multi-Source Feedback candidates observable behaviours
- If a colleague, is nominated by the Multi-Source Feedback candidate and can be a clinical colleague or non-clinical co-worker who has worked with the Multi-Source Feedback candidate in the past one to two years
- Can be a patient who has experienced clinical care from the Multi-Source Feedback candidate

Debriefer

- Holds a coaching conversation with the Multi-Source Feedback candidate about the feedback once the report is received by the candidate
- This can be delivered by a CFEP Surveys coach, a medical educator (ME), a supervisor, or another formal coaching style role
- Helps the candidate consider the multiple data sources they receive, identify strengths and opportunities for improvement, and develop an objective and evidence-informed action plan outlining actions for personal development, growth and improvement

Supporting medical colleague (SMC)

- Provides an informal debrief or support to the candidate when they're conducting their formal debrief (as described above) to help the candidate reflect on strengths and opportunities for improvement, and when the candidate is planning for change

The Multi-Source Feedback process has four stages

STAGE 1

Objective and meaningful data collection comprising patient feedback, colleague feedback and Self-Assessment

STAGE 2

Analysis and reporting resulting in feedback of the assessment data and comparators as appropriate

STAGE 3

Debrief and self-reflection to identify learnings, opportunities and priorities for professional development, growth and improvement

STAGE 4

Action planning and CPD allocation which translates results into action

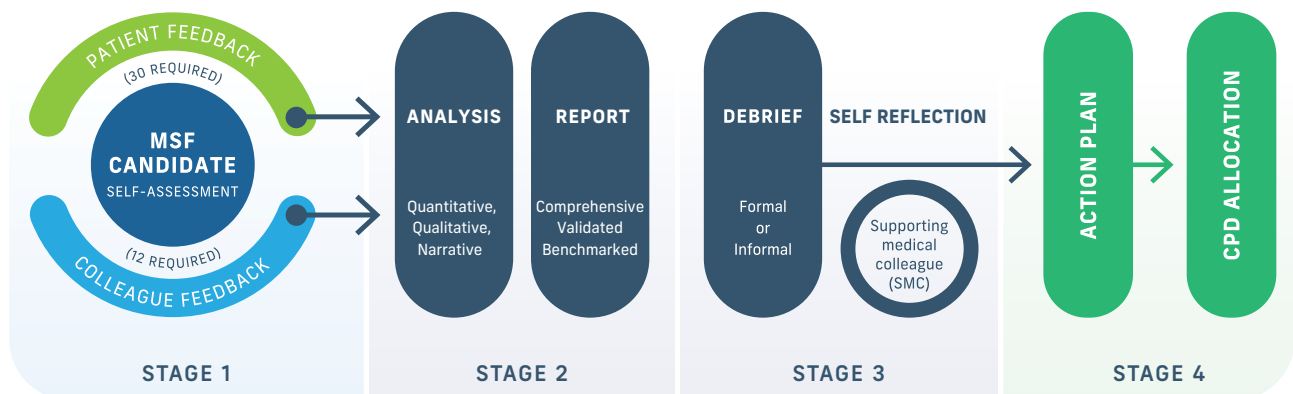


Figure 3: CFEP Surveys Multi-Source Feedback process.

Source: Developed by CFEP Surveys, 2021.

STAGE 1

1

The candidate selects their colleague reviewers and advises CFEP Surveys. CFEP Surveys guide the Multi-Source Feedback candidate, if required, when they're identifying their reviewers.

2

CFEP Surveys invites the candidate to nominate a supporting medical colleague (SMC).

3

A patient feedback pack (digital recommended) is issued, to be administered by the candidates practice or administration support team (to a sample of the candidates patients).

4

The candidate completes the Self-Assessment survey.

5

The reviewers complete either the Interpersonal Skills Questionnaire (patient) or the Colleague Feedback Evaluation Tool (colleague).

STAGE 2

1

CFEP Surveys receives a candidates data and analyses it by source (i.e. patient or colleague).

2

If the candidate is using the full Multi-Source Feedback tool, CFEP Surveys will give the candidate a comprehensive Multi-Source Feedback report. If the candidate is using only part of the Multi-Source Feedback tool, CFEP Surveys will give the candidate either the patient feedback report or the colleague feedback report.

3

CFEP Surveys gives complementary written guidance on how to:

- interpret and make the most of the report
- reflect on strengths and areas for professional and practice improvement (professional development, growth and improvement)
- next steps and how to use results to plan for change (action planning).

STAGE 3

1

Within one week of the report being received by the candidate, a debrief is held to review the data and discuss the results. Debrief can be formal (with CFEP Surveys), or informal with their own nominated person (the SMC, a medical educator, supervisor or similar).

2

The candidate undergoes self-reflection to help them prioritise areas for professional development, growth and improvement and develop the action plan.

CANDIDATE

Candidate enrolls/is enrolled to complete patient and colleague feedback with CFEP.
Candidate nominates an SMC in the early stages of the process.

Candidate completes all elements of the MSF process and receives report with instructions for next steps:

- Candidate is to arrange a meeting with their nominated SMC, to discuss their report and complete the reflective exercise provided.
- As well as the report, candidate receives a guidance document to help them interpret their results, and an editable reflective exercise document.



SUPPORTING MEDICAL COLLEAGUE – PEER

Candidate selects a suitable colleague (this may be a peer, medical educator or supervisor) to act as the SMC.

- SMC will arrange a meeting with the candidate to discuss their report and complete the reflective exercise.
- SMC accesses debriefing and other MSF assets to support them in the SMC role. All assets are available at cfep-surveys.com.au/our-surveys/multi-source-feedback/ and in the candidates report, including the guide to interpretation and reflective exercise.
- SMC enjoys the benefits of completing this process, noting that it may qualify as a CPD activity for their college/organisation.



Candidate and SMC meet for debrief:

- Follow guidance provided by CFEP and complete the reflective exercise as part of this process.
- As part of this exercise goals and changes will be identified that can be actioned in the coming weeks.

Figure 4: Multi-Source Feedback informal debrief and self-reflection process.

Source: Developed by CFEP Surveys, 2022.

STAGE 4

1

The candidate and their SMC co-develop goals for the candidate's professional development, growth and improvement, and an evidence-informed action plan.

2

The candidate and the SMC may hold a (highly recommended) follow-up session one to two months after they have developed the action plan, to reflect on the impact of short-term change.

3

CFEP Surveys gives the candidate a certificate of completion for CPD purposes.

4

The candidate applies for CPD hours with the relevant organisation.

5

CFEP Surveys invites the candidate to review their Multi-Source Feedback process annually.

Candidate and SMC meet for debrief:

- Follow guidance provided by CFEP Surveys and complete the reflective exercise as part of this process.
- As part of this exercise goals and changes will be identified that can be actioned in the coming weeks.



Over a six to eight week period the candidate implements changes identified during the initial discussion with their SMC and from completion of the reflective exercise.



Candidate and SMC have a follow-up session to discuss the changes the candidate has implemented over the six to eight week reflective period, outcomes of this and any further changes or goal setting that needs to be made.



SMC completes the template form CFEP Surveys has provided to log this CPD activity with their college/organisation (where appropriate).



Each candidate can log with their college/organisation their reflective exercise and hours of reflection completed, for CPD.

Figure 5: Multi-Source Feedback action planning process and CPD allocation.⁴⁻⁷

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Process guide for Multi-Source feedback, including patient (ISQ) and colleague feedback (CFET) components

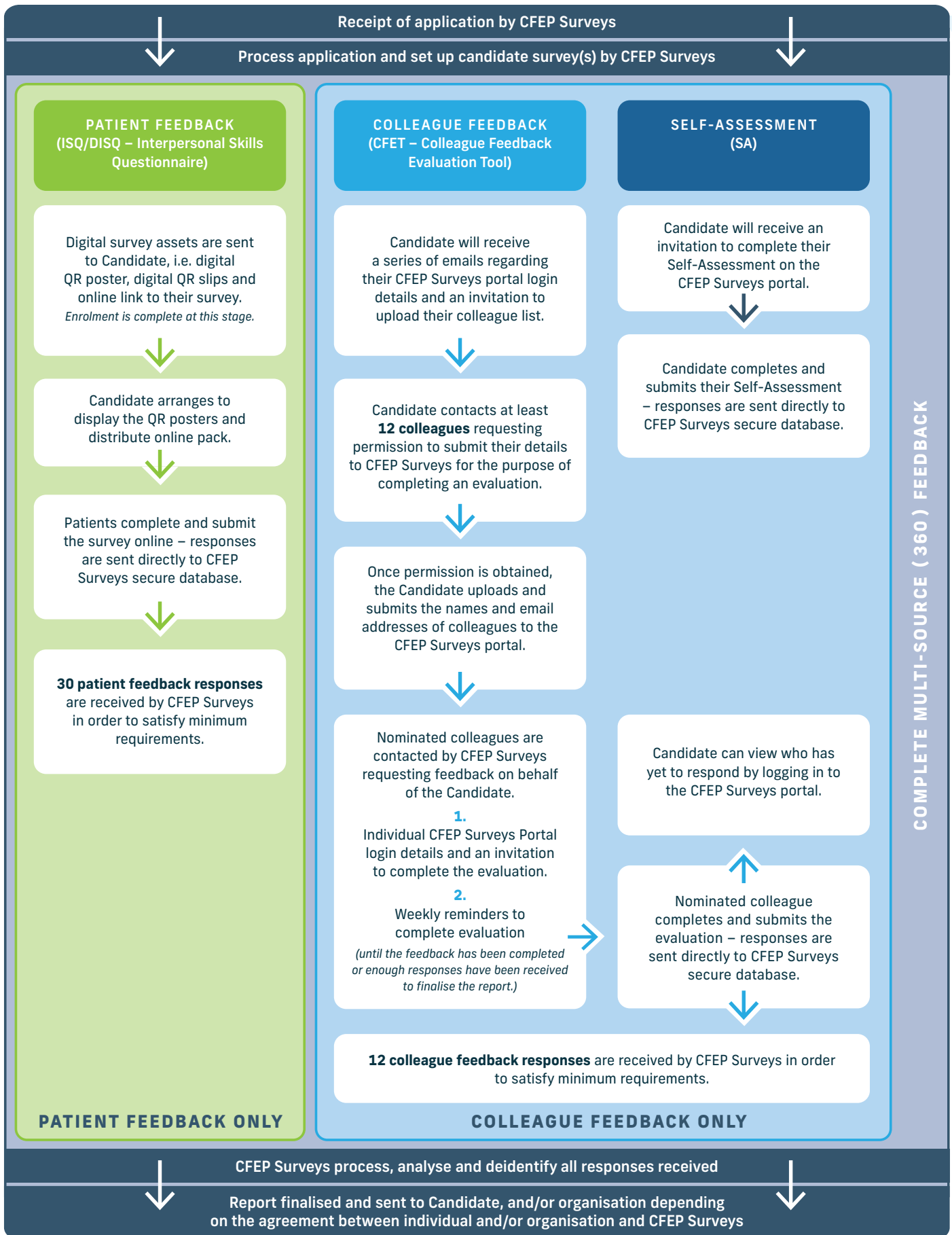


Figure 6: Process for the distribution and collation of the Multi-Source Feedback tool instruments.

Source: Developed by CFEP Surveys, 2022.

More information about each stage is in the supporting guide.

Organisations need a robust Multi-Source Feedback implementation plan

Introducing Multi-Source Feedback and applying the Multi-Source Feedback tool requires organisational commitment and resourcing. Developing a robust implementation plan with a feasible timeline supported by an effective engagement and communication plan is essential for success.^{5,8}

The process demands both clinical and non-clinical leadership for making decisions about implementing the program, maintaining it, and evaluating and monitoring it.

Key considerations when introducing the Multi-Source Feedback program to any organisation are shown in Table 1.

Considerations	Implementation strategies
Create organisational readiness	<p>Secure funding for the entire MSF program.</p> <p>Develop MSF champions (i.e. clinical, non-clinical, and consumer) who will promote, socialise and support MSF program start-up and implementation.</p>
Establish organisational and program support and buy-in	<p>Commit to:</p> <ul style="list-style-type: none"> • leadership (i.e. clinical and managerial) engendering a culture of excellence, patient safety and CQI • leadership creating, promoting, and sustaining the MSF program • reviewers (i.e. clinicians, non-clinical co-workers and patients) engaging in providing constructive and timely feedback • MSF candidates giving considered feedback, carefully reviewing the data and results, and engaging in discussions to create an evidence-informed action plan. <p>Put in place a plan, and allocate funding, to appoint or train facilitators or coaches to conduct informal debriefing activity and work with MSF candidates to develop and review action plans.</p> <p>Alternatively, secure funding to encompass CFEP Surveys formal debriefing service provided by trained MSF facilitators or coaches.</p> <p>Allocate sufficient technology and human resources during program start-up and delivery, noting this resource may reduce over time as MSF is normalised within professional or organisational developmental processes.</p>
Approve or facilitate CPD recognition	<p>Recognise that clinicians or organisations choose to use MSF need to secure CPD recognition for the program. If you are a CPD Home or CPD Approving body, ensure suitable recognition of hours is in place.</p>
Establish the MSF program team	<p>Establish a small action-oriented program team to lead the introduction of MSF and sustain it over time. It should include members of:</p> <ul style="list-style-type: none"> • the leadership team (i.e. clinical and managerial) • the organisation's learning and development team and those who will administer the program • change champion representatives (i.e. clinical and non-clinical) • representatives of the cohorts of clinicians who will be assessed (i.e. potential candidates) and those who will support them (i.e. potential supporting medical colleagues).

Considerations	Implementation strategies
<p>Determine how the results will be used and who will have access to them</p>	<p>Make clear to all potential participants (candidates, reviewers and SMCs) how data will be used if they choose to apply MSF in ways other than intended (e.g. to inform summative decisions).</p> <p>Have an organisational plan in place to deal with egregious behaviour if it is identified (e.g. a person exposing data).</p>
<p>Identify candidates and reviewers and schedule engagement</p>	<p>Consider financial and human resources so you can offer the MSF program. Determine how many people you can support in any given period. It is important to ensure all clinicians have the opportunity to participate in the MSF program, but financial and human resources will need to be considered to determine what numbers are feasible in a given cycle.</p>
<p>Agree how frequently MSF will be conducted</p>	<p>Be aware that the Medical Board of Australia's Professional Performance Framework promotes an annual cycle of review, reflection, professional development, growth and improvement. The MSF tool (completed in full or part) supports this professional requirement.</p> <p>This 12-month cycle allows sufficient time for clinicians to action and demonstrate outcomes related to changes they have made in interpersonal skills and professionalism and their communicator, collaborator, professional roles. If this assessment is completed beyond this 12-month cycle, the MSF candidate may be unable to demonstrate outcomes and improvement over time, or develop timeous evidence-informed action plans for personal development, growth or improvement.</p>
<p>Determine the process for facilitated feedback, coaching, supported action planning and review</p>	<p>Identify resources for the required feedback conversation with a trained facilitator or coach who helps candidates interpret their data, determine ways to improve, and develop an action plan.</p> <p>As a minimum, determine whether you would like CFEP Surveys to give the candidate and SMC, supervisor or medical educator a standardised protocol to aide debrief and action planning discussions.</p> <p>Alternatively, identify trained staff within the organisation who can undertake this activity. For example, in some organisations, a departmental or division head may be responsible for having these discussions.</p> <p>Optimally, use CFEP Surveys trained and experienced coaches for the formal debrief.</p> <p>Note criteria for the success of the facilitated feedback and coaching conversation include:</p> <ul style="list-style-type: none"> • ensuring processes and practices protect the anonymity of reviewers and confidentiality of the facilitated feedback, coaching and supported action planning processes • adopting a dialogic and inquiry approach, and conducting the debrief conversation respectfully and empathetically in a safe and non-threatening environment • encouraging the candidate to identify personalised development, growth and improvement strategies they can confidently implement, rather than adopting an advocacy approach and suggesting strategies or solutions.

Considerations	Implementation strategies
<p>Recruit and prepare facilitators/coaches</p>	<p>Recruit and prepare the facilitator or coach, understanding that they play a critical role in conducting a robust and evidence-informed debrief and reflective feedback discussion and that the data may be challenging for the candidate and the nominated facilitator or coach at times.</p> <p>Note specific activities include:</p> <ul style="list-style-type: none"> • developing a trusting relationship • exploring the candidate's reactions to the report and the data • encouraging reflection and self-critique • ensuring the candidate understands what the data mean to them and their professional practice • helping to identify strengths, opportunities for improvement and the selection of one or more priorities for action • co-developing an action plan to identify goals and address developmental needs • identifying/offering resources to help execute the plan • (and, throughout the process) supporting the candidate's informed Self-Assessment and self-directed learning approaches to enable effective, lifelong learning. <p>Professional facilitation/coaching is a recognised leadership skill that is transferable across all health care professions, settings and situations. CFEP Surveys offers training services to organisations in which a group of internal facilitators or coaches may be trained and supported to participate in debrief and action planning discussions. For more information, contact the CFEP Surveys team.</p>
<p>System learning and continuous improvement</p>	<p>Adopt a learning system and CQI (e.g. implementing improvements to engagement and communications strategies via PDSA cycles) process for MSF implementation.</p> <p>Monitor and review the MSF program to successfully embed it in both health care professional and organisational development processes as business as usual.</p>

Table 1: Considerations when implementing Multi-Source Feedback.

Source: Developed by CFEP Surveys, 2022.



Multi-Source Feedback process guide for organisations

The following outlines the process organisations adopt when implementing Multi-Source Feedback:



Figure 7: Multi-Source Feedback process guide for organisations.

Source: Developed by CFEP Surveys, 2022.

Note: This process chart assumes both digital and paper surveys are utilised for patient feedback, however digital administration is the recommended and more popular mode.



The CFEP Surveys team is passionate, driven and deeply connected to both the patient and the clinician journey. We are committed to closing the loop on health care outcomes and experience through a range of practice, patient and clinician feedback tools to support incremental change while working towards professional development, growth and improvement, and healthcare transformation.

For more information about Multi-Source Feedback and a range of patient reported experience measures (PREMs) and patient reported outcome measures (PROMs), including the Patient Activation Measure® (PAM®), contact us:

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