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Multisource Feedback and Self-Assessment of the Communicator, Collaborator, and Professional CanMEDS Roles for Diagnostic Radiology Residents

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Abstract

Purpose: To develop a tool for the external and self-evaluation of residents in the Communicator, Collaborator, and Professional CanMEDS roles.

Methods: An academic teaching institution affiliated with 4 major urban hospitals conducted a survey that involved 46 residents and 216 hospital staff members. Residents selected at least 13 external evaluators from different categories (including physicians, nurses or technologists, peers or fellows, and support staff members) from their last 6 months of rotations. The external evaluators and residents answered 4 questions that pertained to each of the 3 CanMEDS roles being assessed. The survey results were analysed for feasibility, variance within and between rater groups, and the relationships between multisource and self-evaluation scores, and between multisource feedback and in-training evaluation report scores.

Results: The multisource feedback survey had an overall response rate of 73% with 683 evaluations sent out to 216 unique evaluators. The ratings from different groups of evaluators were only weakly correlated. Residents were most likely to receive their best rating from a collaborating physician and their worst rating from a site secretary or a program assistant. Generally, self-assessment scores were significantly lower than multisource feedback scores. Although there was a strong correlation within the multisource feedback data and within the in-training evaluation report data, there was a weak correlation among the data sets.

Conclusions: Multisource feedback provides useful feedback and scores that relate to critical CanMEDS roles that are not necessarily reflected in a resident's in-training evaluation report. The self-assessment feature of multisource feedback permits a resident to compare the accuracy of his or her assessments to improve their life-long learning skills.

Résumé

Objectif: Élaborer un outil qui permettra l'évaluation externe et l'autoévaluation des résidents en ce qui a trait aux rôles de communicateur, de collaborateur et de professionnel du Cadre CanMEDS.

Méthodes: Un établissement d'enseignement universitaire affilié à quatre grands hôpitaux en région urbaine a réalisé un sondage auquel ont participé 46 résidents et 216 membres du personnel hospitalier. Les résidents ont sélectionné au moins 13 évaluateurs externes de diverses catégories (notamment des médecins, des infirmières ou des technologues, des collègues ou des associés, ainsi que des membres du personnel de soutien) avec lesquels ils ont interagi au cours des six derniers mois de stage. Les évaluateurs externes et les résidents ont répondu à quatre questions portant sur chacun des trois rôles CanMEDS évalués. Les résultats du sondage ont été analysés sur le plan de la valeur pratique, des variations au sein de chaque groupe d'évaluateurs et entre les divers groupes d'évaluateurs, des corrélations entre les résultats de l'évaluation multisource et de l'autoévaluation, et des corrélations entre les résultats de la rétroaction multisource et de la fiche d'évaluation en cours de formation.

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Résultats: Le sondage de rétroaction multisource a affiché un taux de réponse global de 73 %, 683 évaluations ayant été transmises à 216 évaluateurs distincts. L'analyse n'a révélé qu'une faible corrélation entre les notes issues de groupes d'évaluateurs différents. Ainsi, les résidents étaient plus susceptibles d'obtenir la note la plus favorable de la part d'un médecin-collaborateur et la note la moins favorable de la part d'un secrétaire ou d'un adjoint aux programmes, que de la part de tout autre groupe. De manière générale, les résultats de l'autoévaluation ont été nettement inférieurs à ceux de la rétroaction multisource. Les données tirées de la rétroaction multisource étaient fortement corrélées, ainsi que celles tirées de la fiche d'évaluation en cours de formation. Toutefois, les ensembles de données n'ont présenté qu'une faible corrélation.

Conclusions: En ce qui concerne les rôles essentiels du Cadre CanMEDS, la rétroaction multisource permet de recueillir des commentaires utiles et des résultats qui ne figurent pas nécessairement dans la fiche d'évaluation en cours de formation du résident. Le volet autoévaluation de la rétroaction multisource permet au résident de vérifier la justesse de son autoévaluation afin d'améliorer ses compétences d'apprentissage tout au long de sa carrière.

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Key Words: Feedback; Residence; Radiology education; Multisource

As many medical education programs shift from time-based to competency-based requirements for resident promotion, it is crucial that core competencies can be assessed in an accurate and comprehensive way [1]. Currently, there are several methods for evaluating a resident's awareness of best-practice competencies, such as multiple choice tests and objective standardized clinical examinations. However, in addition, evaluation tools must be developed to assess the extent to which residents carry out these behaviors on a daily basis. At present, many residency programs rely almost exclusively on in-training evaluation reports (ITER), completed by rotation supervisors, to assess a resident's everyday competence [2]. Information regarding a resident's performance may be informally collected through feedback from staff, resident peers, and other allied health professionals. However, if eligibility for resident promotion is going to be assessed directly from the fulfillment of competency milestones, then we must develop a formal and structured evaluation tool to facilitate a standardized assessment of resident competence in everyday practice.

Since the Royal College of Physicians and Surgeons of Canada implemented the CanMEDS roles framework [3], some competencies have proven more difficult to assess than others [4]. In particular, the Communicator, Collaborator, and Professional roles can be challenging to evaluate because residents can be aware of best-practice behaviors although not necessarily carrying them out on a repeated basis. This evaluation can be particularly difficult to complete for diagnostic radiology residents because patient encounters, by nature, are brief. As such, it is essential that resident evaluations be informed by feedback provided by those who are in frequent contact with the resident during work hours and who can serve as indirect evaluators of the physician-patient relationship. Multisource or 360° feedback provides such a mechanism and may be used to inform or complement a resident's ITER.

The utility of multisource feedback in the field of medicine was first suggested in the 1950s [5]. About this time, competencies beyond the exclusive roles of medical expert were highlighted as being essential for a well-rounded

physician, and multisource feedback was identified as a potential evaluation method [5]. Then, in the 1990s, the increasing financial demands on the health care industry triggered a renewed interest regarding physician quality assessment, which resulted in an intensified investigation into the value of multisource feedback [5]. Since then, multisource feedback has been proven to be feasible, valid, and reliable [6]. However, at present, there has been minimal research into comparing multisource feedback findings with external evaluation anchors, such as ITERs [5]. The purpose of this project was to develop a tool to evaluate residents in the Communicator, Collaborator, and Professional CanMEDS roles, and to provide a mechanism for formal resident self-evaluation.

Methods

In June 2012, the multisource feedback initiative was launched at an academic teaching institution affiliated with several large hospitals. The aim of the project was to provide an accurate assessment of resident competency in the Communicator, Collaborator and Professional CanMEDS roles as measured by their everyday behaviors. In total, the project involved 46 residents and 216 staff members at 4 hospital sites. Only residents in their post-graduate years 2-5 were included because they exclusively participate in radiology-related rotations. Participation in the multisource feedback was mandatory; however, residents voluntarily consented to have their data analysed for this study. The participants were not provided with any compensation for their completion of the multisource feedback assessments.

The multisource feedback was organized and implemented by a research assistant (C.L.) who worked with the residency program director (L.P.). We requested that the residents submit the names and e-mail addresses of 13 potential evaluators from their last 6 months of rotations. The minimum requirements for evaluator lists were 4 technologists or nurses, 1 site secretary or program assistant, 4 resident peers or fellows, 2 staff radiologists (excluding rotation supervisors), and 2 collaborating physicians. Residents chose

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