



American Board
of Internal Medicine

MSF and Teamwork

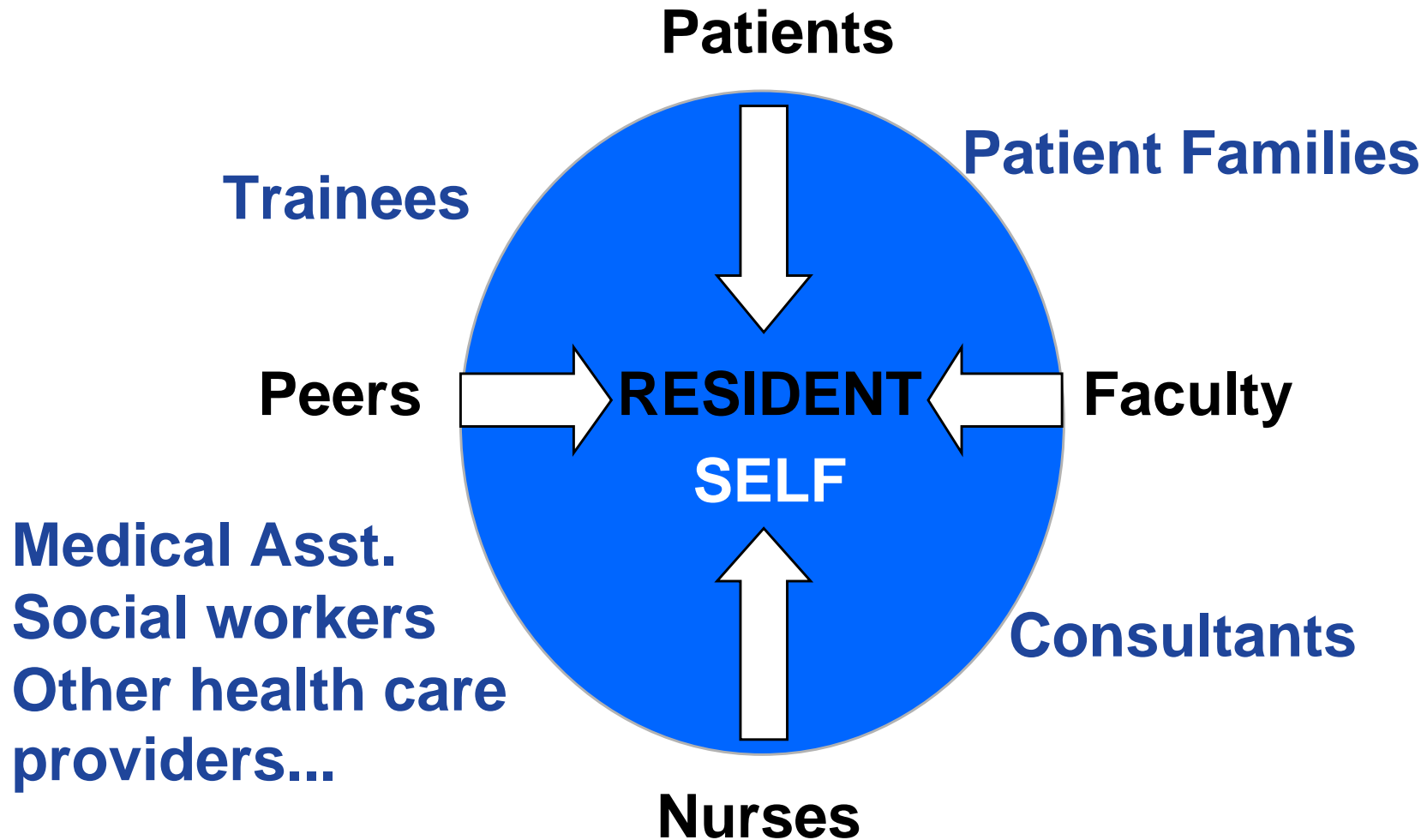
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Multi-source Feedback (MSF)

- Definition
 - Evaluation completed by multiple individuals, usually from different perspectives
 - Based upon observations in different contexts
- Includes raters, “processes and instruments for information gathering, appraisal and feedback...”*

**Lockyer & Clyman, 2008*

MSF: Potential Raters



MSF: Rating and Feedback Process

Instrument Development or Selection



Orientation and Rater Training



Rating Process



Feedback



“Gap Analysis”
Action Plan / Goal Setting

Monitoring
Quality Assurance

Data aggregation:
items,
rater groups,
constructs...

MSF: Reliability and Validity

- Limited information in medical education
- Limitations similar to other rating scales
- Validity
 - Variable correlations between groups
 - Nurse ratings – depends upon rating site and rater background
- Uses
 - Formative assessment and feedback; not currently suitable for summative assessments
- Reliability
 - Depends to some degree on the rater group

MSF: Peers

- Issues in peer assessment
 - Assessment of task versus global rating
 - Performance of specific actions versus “quality” of those actions
 - Do they have the requisite experience and skill to make such judgments?
 - Ability to make distinctions

MSF: Peers

- Norcini: 5 step implementation process
 1. Purpose of assessment should be stated, preferably in writing
 2. Assessment criteria must be developed and communicated to participants
 3. Participants should receive training
 4. Monitor results throughout implementation
 5. Provide feedback to all participants

MSF: Nurses

- Data exists to suggest very good reliability with fewer nursing evaluations compared to patient satisfaction ratings
 - Study by Butterfield found that 3-5 nursing evaluations could identify “outlier” physicians 90% of the time
 - Study by Wenrich, et al found that 10-15 nursing evals required for sufficient reliability

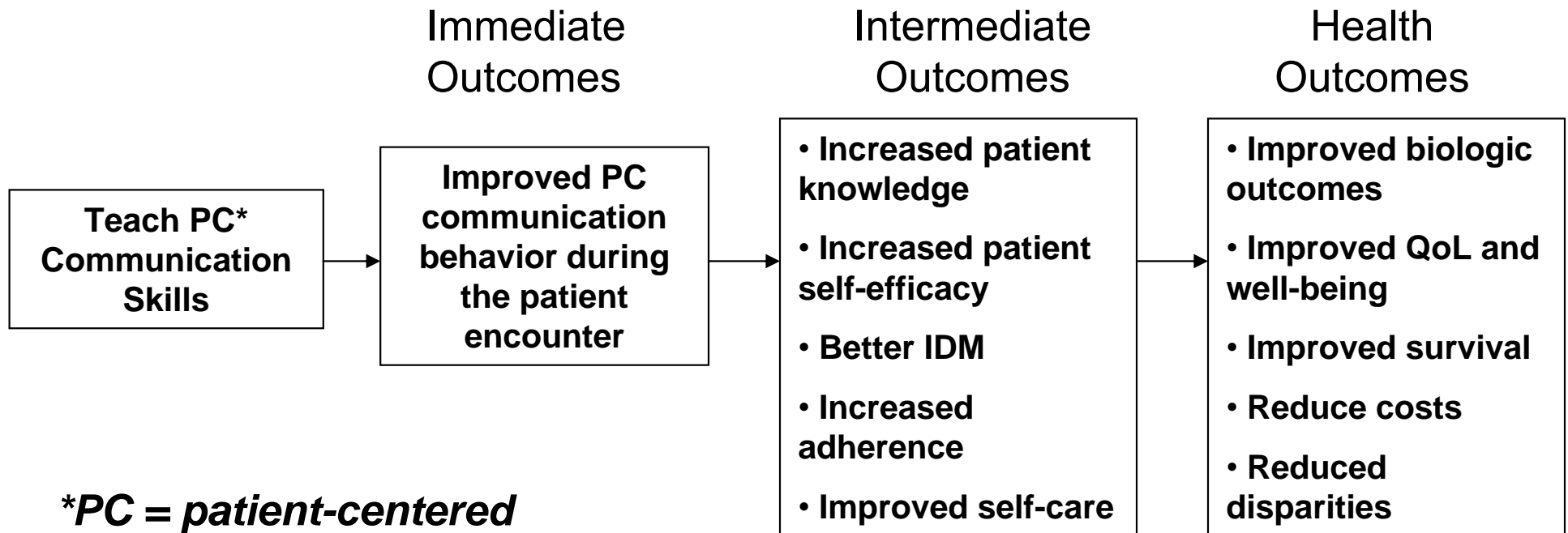
MSF: Nurses

- Factor analysis, however, shows 2 main things drive ratings:
 - Perceived cognitive skill
 - Humanistic qualities
 - Thus perhaps a “good thing” for this competency
- Nursing and faculty ratings of “humanism” do not always correlate

MSF: Patients

- Surveys should target patient experience, not just satisfaction
 - Should possess sufficient reliability
 - Provider-level CAHPS: 45 per physician for higher stakes decisions
- Recent studies: some correlation between patient experience ratings and physician performance (practicing docs)
- Patient experience surveys best used as a formative assessment tool in training

Link Between Communication and Outcomes



Levinson W, Lesser CS, Epstein RM. Developing Physician Communication Skills for Patient-centered care. Health Affairs. 2010; 29: 1310-18.

Patient Experience: Residents vs. Diplomates

	Resident Clinics (N=52)	Practicing Physicians (N=144)	F value †
Care Processes	Mean % *	Mean % *	
Provided ways to help patients prevent falls or treat problems with balance or walking	42.8%	61.5%	45.20
Rated Very Good/Excellent at encouraging patients to ask questions and answering them clearly §	70.8%	84.3%	34.81 ‡
Asked about memory concerns	27.5%	44.4%	22.45 ‡
Asked about hearing concerns	38.1%	52.2%	22.15 ‡
Rated Very Good/Excellent at providing information on medication side effects §	56.2%	70.1%	22.29 ‡
Rated Very Good/Excellent at providing information on taking medications properly §	71.4%	80.4%	13.71 ‡

† F value was obtained from individual significance tests that followed MANCOVA. ‡ P < .001. § Ratings were based on a five-point Likert scale

Canadian PAR Program: Examples

Construct	Source	Examples of Items
Communication	Patients	This doctor listened to me
		This doctor answered my questions
	Non-physician co-workers (e.g., nurses, pharmacists)	Verbally communicates with other health care professionals effectively
		Is accessible for appropriate communication about patients
	Medical colleagues (peers, referring and referral physicians)	Medical records are legible
		Provides valuable clinical advice to colleagues when approached about difficult clinical decisions

*Lockyer & Clyman, 2008

CPSA PAR Program: Examples

Construct	Source	Examples of Items
Professionalism	Patients	Treated me with respect
		Respected my privacy
	Non-physician co-workers	Respects the professional knowledge and skill of co-workers
		Accepts responsibility for patient care
	Medical colleagues	Accepts an appropriate share of work
		Accepts responsibility for own professional actions

*Lockyer & Clyman, 2008

NBME Assessment of Professional Behaviors

- Uses MSF approach to assess “professional behaviors”
 - Piloted in a number of schools and residency programs
 - Designed to be used as a “program”
 - Does require a fee
 - Reportedly paper based.
 - Now available to all interested programs
 - Access at <http://www.nbme.org/Schools/APB/index.html>

NBME Assessment of Professional Behaviors

- Examples of items on NBME instrument:
 - *Discusses patients in a respectful manner*
 - *Solicits input from nurses and other health care providers*
 - *Maintains composure during difficult interactions*
 - *Shows initiative for own learning*

Clinimetric Approach

- Concato and Feinstein¹
 - Three simple questions at end of visit:
 - What do you like the most?
 - What did you like least?
 - What one thing would you like to see change?
 - Interviews took 5 minutes or less as part of “sign-out”
 - Uncovered a number of issues not detected by VA psychometric instrument:
 - *“For example, problems with parking emerged as the most common source of dissatisfaction, and plans for a shuttle bus to transport patients were developed.”*

¹Concato J, Feinstein AR. Asking patients what they like: overlooked attributes of patient satisfaction with primary care. *Am J Med.* 1997;102:399-406

MSF: Exercise

- With a colleague:
 - Identify potential raters or rater groups that would be particularly helpful in the geriatric-care context
 - Consider specific behaviors observed by each rater group
 - How can these individuals help a trainee to improve their care of older adults through MSF?

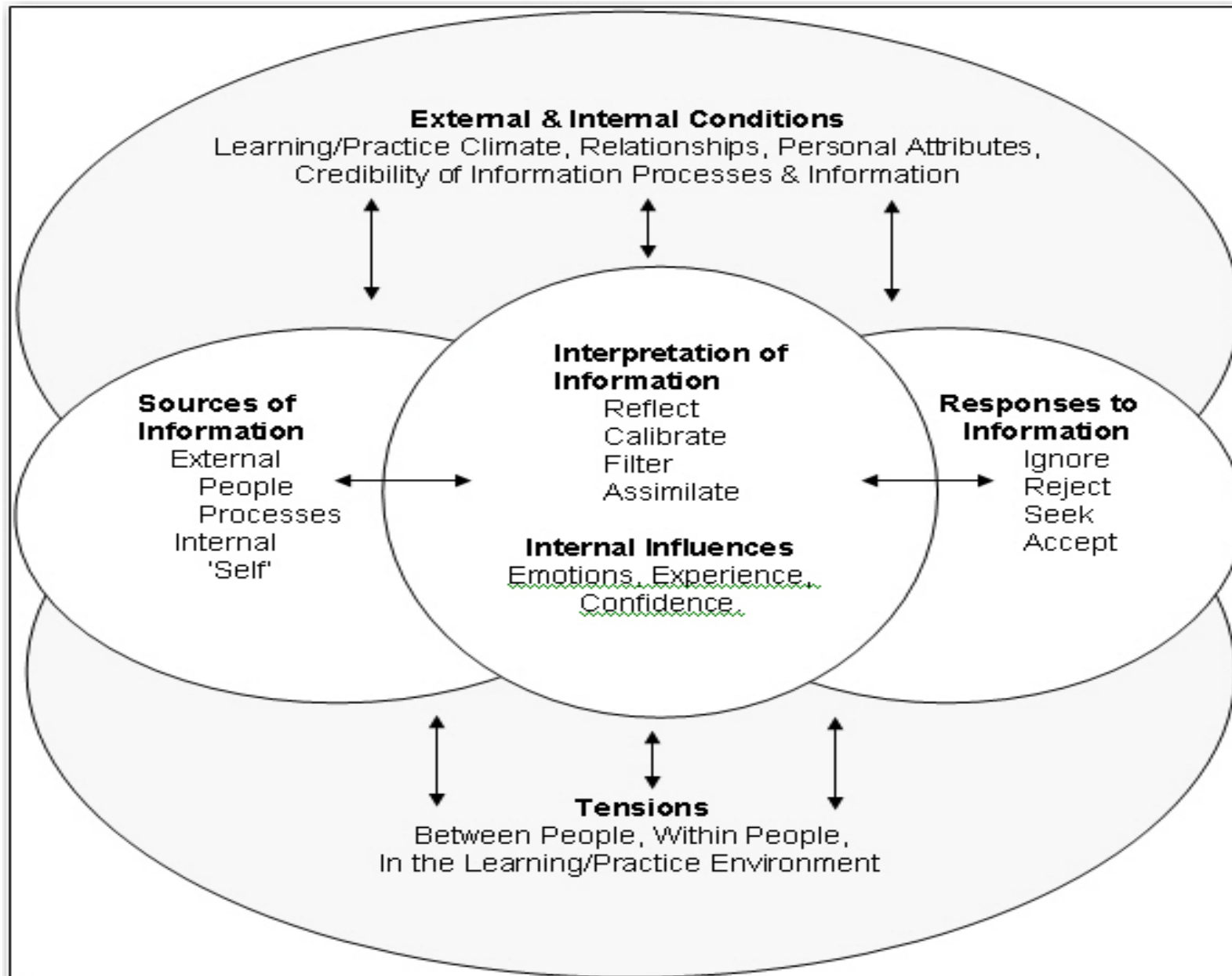
Self assessment

- Important aspect of self reflection
 - Essential for life long learning
 - Needed to be effective member of interdisciplinary teams
 - Needed to understand how communication patterns and actions affect interpersonal relationships

Self-Assessment Skills

- Systematic review (Davis, *JAMA*, 2006)
 - Accuracy of self-assessment compared to external observation
 - 17 studies included; 20 total comparisons
 - 13 demonstrated little, no or inverse relationship
 - Worst accuracy of self-assessment among least skilled physicians

Model: Processes and Dimensions of Informed Self-assessment



Sargeant J, et al. Acad Med. 2010; 85: 1212-20.

CTM as MSF: Patients and Discharge

- Care Transition Measure
 - Developed and validated by Eric Coleman and colleagues at University of Colorado
 - Two versions: CTM-3 and CTM-15
 - 4 point scale (strongly agree – strongly disagree)
 - Endorsed by the National Quality Forum (NQF)
 - Communication at a critical care transition for hospitalists - discharge

CTM as MSF: Patients and Discharge

- Care Transition Measure (CTM-3)
 - *The hospital staff took my preferences and those of my family or caregiver into account in deciding **what** my health care needs would be when I left the hospital*
 - *When I left the hospital, I had a good understanding of the things I was responsible for in managing my health*
 - *When I left the hospital, I clearly understood the purpose for taking each of my medications*

Teamwork Competencies

- Baker (AHRQ, 2005)
 - Systematic review of literature on teamwork competencies
 - Most evidence from other fields
 - Crew resource management (aviation)
 - Surprisingly little information from medicine

Teamwork Competencies

- Team leadership
- Mutual performance monitoring
- Back-up behavior
- Adaptability
- Team/Collective orientation
- Shared mental models
- Mutual trust
- Closed-loop communication

Back-up Behavior

- Ability to anticipate other team member's needs to shift workload among members to achieve balance during high periods of workload
 - Recognition by potential back-up providers there is a workload distribution problem
 - Shifting of work responsibilities to under-utilized team members

Closed-loop Communication

- The exchange of information between a sender and a receiver irrespective of the medium
 - Following up with the team members to ensure message was received
 - Acknowledging that a message was received
 - Clarifying with the sender of the message that the message received is the same as the intended message sent.

The “I” in “team”

Healthcare systems = “loosely coupled”

Individual providers need ↑ teamwork competency to ensure safe, effective care

Hard to give/get feedback, esp. across professions

Hospitalists: unique role, unique challenges

Conceptual model

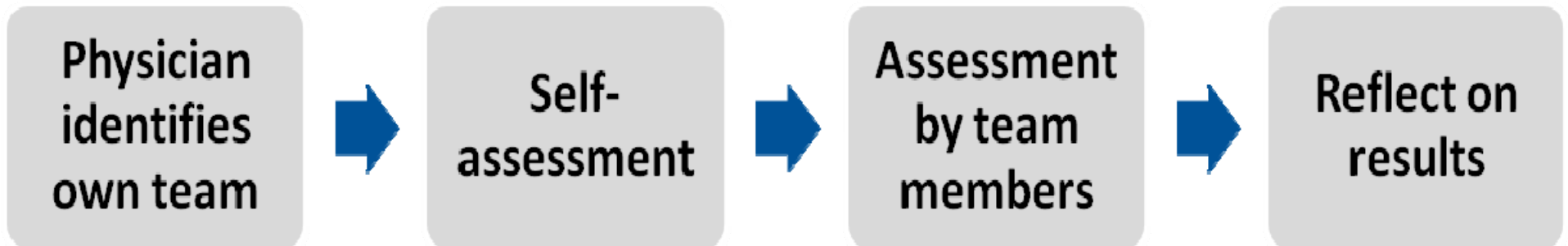
Interprofessional teamwork: *meeting everyday obligations to other providers with whom one cares for patients*

4 overlapping areas:

- Communication (clear, timely, respectful)
- Collaboration (sharing decisions as appropriate)
- Dealing with hierarchy (mitigating bad effects)
- Awareness of shared context and resources

ABIM teamwork assessment process

4-part process:



Unique features:

- Guided process to “map” interprofessional team
- Rigorous, research-based survey of teamwork behaviors
- In-depth qualitative + quantitative feedback
- Guided reflection w/ team and/or “trusted peer”

Pilot test

Tested with self-selected sample of 25 hospitalists:

- 20 of 25 completed assessment process
- Follow-up interviews with all 25 hospitalists
- Analyzing data

Results:

- Very promising, even in challenging context
- Hospitalists found feedback valuable and actionable
- Guided debrief with peer taken seriously
- Raters asked to rate other physicians (e.g., surgeons)

MSF: Strengths

- Focuses on actual “workplace” performance
- Captures different perspectives:
 - Patients and nurses - evaluate humanism, professionalism, communication
 - Peers – work ethic, team approach, professionalism
 - Others – unique observations on key attributes
- Adaptable:
 - Ideal approach to assessment of professionalism
 - Supplementary assessment of:
 - Communication / IPS, Patient Care, SBP

MSF: Limitations

- Limited information in medical education and practice
- Measurement issues:
 - Uncontrolled environment
 - Usual limitations of global rating forms:
 - Reliability and validity
- Feasibility issues: logistics of data collection, entry, analysis and reporting results
- Cultural issues:
 - Personal feedback, rater and learner resistance, confidentiality

MSF: Conclusions

- Uses – Professionalism; Systems-based Practice, Interpersonal and Communication Skills
- Raters should be appropriately trained to provide ratings based upon the context of observation and qualifications
- Communication of objectives through MSF assessment
 - Reinforces importance of team approach and patient-centeredness

Questions