

Context

- Keele University Medical School employs a **multisource feedback (MSF)** tool to evaluate students' professional attitudes and behaviours.
- MSF is a **formative**, but a **compulsory** part of the curriculum implemented to accustom **proto-professionals** with the process of giving and receiving feedback (Hilton & Slotnick, 2005).
- It has been designed to parallel with 360° feedback in clinical practice.
- The feedback is **triangulated** through self-assessment, peer assessors and medical school staff; assessors are allocated and self-appointed to mitigate selection bias.
- All the assessors fill out an **electronic MSF form** for a student (see figure 1) and the feedback is summarised on a PDF (see figure 2).
- The form is then used in appraisal meetings to prompt **professional dialogue**.

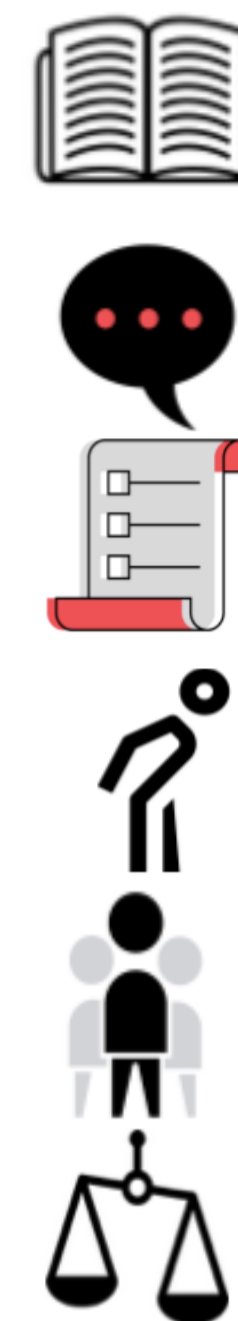
Figure 1: An example of the Keele Medical School electronic MSF assessor form.

Defining Professionalism

- There is **no universal definition** for medical professionalism, but select attributes are frequently touted as prominent (Birden et al., 2014). These are:
 - Knowledge
 - Morality
 - Integrity
 - Self—regulation
 - Respect

Domains

- Study Skills
- Reflective Discourse
- Personal Organisation
- Respect for Patients
- Teamwork
- Ethical Practice



Keele University School of Medicine Multi Source Feedback Summary Sheet 2018/2019

Student's name: _____

Attitude and/or Behaviour	Unable to comment	Above expectations	No concerns	Some concerns	Major concerns	Comments: Anything especially good? You must specifically comment on any concern behaviour
Study skills Appears prepared for learning activities. Identifies appropriate learning resources including asking for help. Engages with learning activities. Response to feedback + Ability to give feedback Able to identify own areas of concern. Is open to suggestions and responds positively. Can identify areas for improvement in others and vocalises this in a constructive, non-judgemental manner.						
Personal organisation + Timekeeping Punctual. Identifies and attends placements and practices. Meets deadlines. Respect for patients and simulated patients Polite. Treats in a non-judgemental way. Is considerate. Dresses appropriately.						
Team working Respects tutors, other staff, other students. Prepares for and contributes to group learning. Respects group ground rules, e.g. doesn't talk over others in a group. Co-operates.						
Ethical appreciation/practices (patient confidentiality) Obtains consent appropriately from patients. Respects patient confidentiality and autonomy. Is honest.						

Forms were completed for this student.

Figure 2: An example of the Keele Medical School MSF Summary Sheet.

Feasibility

- Designing an MSF form is a lengthy process requiring **psychometric analysis and piloting** to ensure reliability and validity (Garra et al., 2011, Lockyer, 2003).
- Processing the forms is straightforward using electronic systems (Garra et al., 2011).
- **Electronic forms** are flexible, allowing asynchronous feedback provision and thus, more convenient for busy assessors.

Reliability

- Reliability is the reproducibility of the MSF.
- Although MSF instruments have **good internal consistency** (α [0.89-0.96]), they have **poor inter-rater reliability**, regardless of synchronicity (Donnon et al., 2014, Garra & Thode, 2011).
- This can be a result of the **halo-effect, negative biases or a lack of assessor training** (Ingram et al., 2013, Hensel et al., 2010).
- To compensate this, 11 assessors are required for the feedback to be reliable (Ramsey et al., 1993).

Validity

- For an assessment to be considered valid, it must be reliable (Cohen et al., 1980).
- The MSF displays **evidence of content validity** through assessing highly-cited attributes of professionalism (Stevens et al., 2018, Birden et al., 2014).
- Yet, the content validity can be maximised through **expert consensus of attributes** that should be measured (Stevens et al., 2018).
- There is currently **no evidence of significant criterion-related predictive validity** (Wood et al., 2006).

Acceptability

- Assessment from a wide range of assessors on observed behaviours is seen as insightful, but a **lack of meaningful feedback** can undermine the value of MSF (Ingram et al., 2013).
- Acceptance of MSF is also impeded by the **perception of a risk of discrimination**, and sense of **permanence of the feedback** on their records (Wood et al., 2006, Ingram et al., 2013).

Conclusion

- Combined with reflective and educational discourse in appraisal meetings, the feedback provided through the MSF can be employed as a **vehicle for necessary self-regulation** (Vygotsky, 1978).
- However, feedback is only valuable if it is heeded and **reflected-on** by the learner (Ramaprasad, 1983).
- MSF is **resisted by some students** at medical school due to its subjective nature, **fear of bias and paucity of direction**.
- Thus, reducing its overall educational value.

Please scan the QR code for references.

