



RANZCR Multi-source Feedback / 360° Review Tool – Radiation Oncology

General Information and Instructions

What is the Multi-source Feedback (MSF) / 360° Review Tool?

MSF is an assessment of behaviour, interactions and skills by a number and variety of observers who have direct interaction with the *RANZCR Member* in the workplace. Assessors rate the *RANZCR Member* in a number of domains including team work, professionalism, empathy with patients and communication skills.

There is evidence supporting the use of Multi-source Feedback and its impact on improved performance by medical practitioners. It should also be understood that Multi-source Feedback is part of a medical practitioner's professional development and an opportunity to reflect on feedback on their practice.

For further information regarding Multi-source Feedback please refer to the following articles:

Miller, A. and J. Archer, Impact of workplace based assessment on doctors' education and performance: a systematic review. *Bmj*, 2010. 341.

Rubin, S.P., Commentary: The Role of Appraisal and Multisource Feedback in the UK General Medical Council's New Revalidation System. *Academic Medicine*, 2012. 87(12): p. 1654-1656.

Donnon, T., et al., The reliability, validity, and feasibility of multisource feedback physician assessment: A systematic Review. *Academic Medicine*, 2014. 89(3): p. 511-516

Selecting an Assessor

An Assessor should be someone who has worked reasonably regularly with the *RANZCR Member* over a period of at least 3 months. The *RANZCR Member* is recommended to select a minimum of 12 and a maximum of 16 Assessors from a variety of medical and non-medical roles. A minimum of 4 Assessors should be medical colleagues (consultants or referrers), for example 2 Radiologists and 2 referrers. For any Assessors who may have health qualifications, the MSF form should be completed from the perspective of the role in which they currently work with the *RANZCR Member*.

Please note that Assessors are only asked to provide their name to ensure that they are a genuine Assessor and that the same Assessor does not complete the MSF more than once for each *RANZCR Member* they are assessing. The identity of Assessors will not be disclosed, and the feedback is anonymous. ONLY aggregated de-identified feedback will be provided to the *RANZCR Member* and the *Feedback Provider* identified by the member.

For any questions regarding the selection of Assessors to complete the MSF, please contact the CPD team at cpd@ranzcr.edu.au or telephone: +61 2 9268 9777.

Instructions

RANZCR Member: The *RANZCR Member* must find a peer/colleague to be their *Feedback Provider* to discuss their results with and a *Report Collator* to receive and track completed forms from Assessors, de-identify them, and collate the ratings and feedback from Assessors into the *MSF Report Template*. **The *Report Collator* may be the same person as the *Feedback Provider* or may be an administrative staff member.**

The *RANZCR Member* should complete the MSF Checklist with their name, date of assessment (the date the questionnaire is being completed) and hospital/practice site.

The MSF Checklist is designed for the *RANZCR Member* to list their Assessors and the date they were given the *Multi-source Feedback Questions Form*. The *RANZCR Member* must ask Assessors to return their feedback forms to the *Report Collator*. Following this, this form must be handed over to the *Report Collator* to track completed forms.

Self-Assessment

The *RANZCR Member* should complete the *Multi-source Feedback Question Form - Self-Assessment* and give this to the *Report Collator*.



Assessors

Assessors must complete the *Multi-source Feedback Question Form* with the name of the *RANZCR Member*, the date of assessment, their name, their current professional role, their hospital practice or organisation, and the period they have known the *RANZCR Member*. If it is unclear which professional group you fall into, the Assessor should tick the box *Other* and write a few words or a descriptor that best describes their professional role. Please note that the information provided by the Assessor is only required to determine who has completed the assessment and all feedback will be de-identified.

Please answer the questions carefully: If an Assessor has any concerns about the honesty and integrity of the *RANZCR Member*, this provides an opportunity to alert the *RANZCR Member* to this, in confidence. It provides a valuable opportunity for the *RANZCR Member* to amend their behaviour. The behaviours which have caused the Assessor concern should be described in the free-text comments box provided.

Provide an honest assessment: Providing an honest assessment is to the *RANZCR Member's* benefit. Assessors should complete the MSF form from the perspective of the role in which they currently work with the *RANZCR Member*. It should be noted that all feedback is anonymous and will be de-identified before being provided to the *RANZCR Member* and the identified *Feedback Provider*.

Feedback

The Assessor is not required to give any verbal feedback to the *RANZCR Member*. This will be done by the identified *Feedback Provider* and based on the aggregated results of all Assessors (minimum of 12 are required). The individual responses of Assessors will not be identified. Assessors may use the comments box to give general feedback. Please also note that RANZCR will not have access to the feedback and results of the MSF.

Report Collator

The *RANZCR Member* is responsible for arranging a *Report Collator* to receive completed forms from Assessors, de-identify them and collate the feedback and ratings from Assessors into the *MSF Report Template*. **The Report Collator may be the same person as the Feedback Provider or may be an administrative staff member.** The report spreadsheet has separate worksheets for medical and non-medical Assessors and allows for up to 12 medical colleagues and up to 12 non-medical colleagues. Once completed, the Report Collator should hide columns F to Q (containing the ratings from individual Assessors) and save the file in PDF format and return it to the RANZCR Member. The RANZCR Member will then send this to their Feedback Provider.

Feedback Provider

As part of the process the *RANZCR Member* is required to identify a peer or colleague (not their line manager) to meet with them after the MSF process is completed and discuss the feedback provided. The peer or colleague should be someone with whom the *RANZCR Member* feels comfortable discussing the confidential and personal feedback that may be included in the report. Please note that the peer or colleague providing feedback should not be an Assessor in the MSF process.

Evidence for claiming CPD for Multi-source Feedback

A *Multi-source Feedback Sign-off Form* should be completed and signed by the *RANZCR Member* and the *Feedback Provider* and uploaded to the e-Portfolio as evidence when claiming CPD hours for this MSF process. The *Feedback Provider* can claim hours under *Reviewing Performance and Reflecting on Practice*.

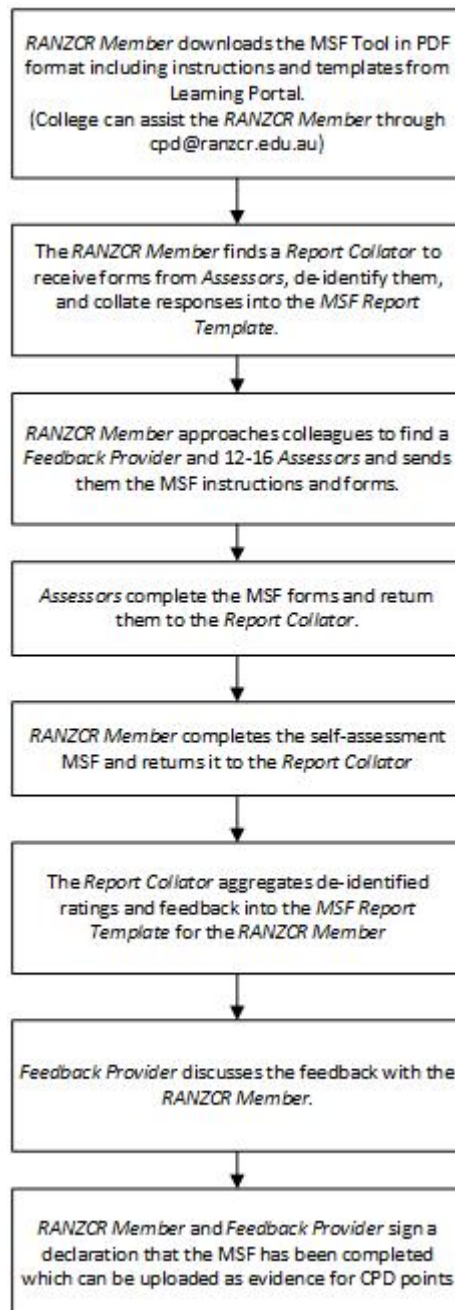
This document contains all required forms in the MSF process, for reference. The following forms are available separately in the RANZCR e-Portfolio:

- MSF Checklist for *RANZCR Member* – (PDF form)
- Multi-source Feedback Questions Form – Medical Colleague (PDF form)
- Multi-source Feedback Questions Form – Self-Assessment (PDF form)
- Multi-source Feedback Questions Form – Non-Medical Colleague (PDF form)
- MSF Report Template (MS Excel)
- Multi-source Feedback Sign-off Form (PDF form)

If you have any questions, please contact the CPD team at: cpd@ranzcr.edu.au



Steps for Completion of the MSF Tool





MSF Checklist for RANZCR Member

The following table is designed for you to list your Assessors and the date they were given the *Multi-source Feedback Question Form*. Please ask your Assessors to return their feedback forms to your *Report Collator*. Following this, this form must be handed over to your *Report Collator* to track completed forms.

| Medical Colleague | Non-medical Colleague |
|---|--|
| <ul style="list-style-type: none">• Consultant (Radiation Oncologist)• Consultant (other than Radiation Oncologist)• Other Medical Practitioners (e.g. Registrar) | <ul style="list-style-type: none">• Nurse• Radiation Therapist• Physicist• Allied Health• Administrative, Clerical or Secretarial Staff• Clinical Trials Coordinator/Data Manager• Other |
| * A minimum of 4 medical colleagues must be selected to complete the MSF | |

| No. | Assessor Name | Medical (tick) | Non- medical (tick) | Date Given | Date Completed |
|-----|---------------|----------------|---------------------|------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 10 | | | | | |
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| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |

Feedback Provider:

(Name of the peer/colleague identified to meet with the *RANZCR Member* to go through the MSF report and discuss the results)



Multi-source Feedback Question Form – Medical Colleague

Directions for Completing the Questionnaire

1. Please complete all fields.
2. Please rate the *RANZCR Member's* performance in the questionnaire as follows:
 - 1 is considered a poor level of practice
 - 5 is considered an excellent level of practice
3. Please note that your scoring should reflect the performance of the *RANZCR Member*.
4. You must justify each score of 1 or 2 with at least one explanation or example in the comments section.
5. Please indicate *Unable to answer* if you are unable to answer that question.
6. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses in the comments section.
7. **Please note that your identity will be removed from your responses.**

| | |
|--|---|
| Name of <i>RANZCR Member</i> | |
| Date of Assessment | |
| Name of Assessor (your name) | |
| Current Professional Role | <input type="checkbox"/> Consultant (Radiation Oncologist) <input type="checkbox"/> Consultant (other than Radiation Oncologist) <input type="checkbox"/> Other Medical Practitioner (e.g. Registrar) |
| Hospital, Practice or Organisation | |
| Period you have known the <i>RANZCR Member</i> (please indicate months or years) | |



Multi-source Feedback Question Form – Medical Colleague

| Medical/Clinical Knowledge and Application | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|------------------|-----------|---|---|---|----------------|
| Knowledge: Does this doctor demonstrate up-to- date knowledge and information required to manage patients? | | | | | | |
| Clinical Judgement: Does this doctor demonstrate the ability to integrate cognitive and clinical skills, and consider alternatives in making therapeutic decisions? | | | | | | |
| Procedural Skills: How well does the doctor demonstrate the ability to perform practical/technical procedures? | | | | | | |
| Responsibility: How well does the doctor accept responsibility for his or her own actions and understand limitations of own knowledge and experience? | | | | | | |
| Self-assessment: Does this doctor accept the limits of own competence and functions within own capabilities? | | | | | | |
| Problem-solving Skills: How well does this doctor critically assess information and respond to urgent situations? | | | | | | |
| Medical Care: Does this doctor effectively manage patients through integration of skills resulting in comprehensive high-quality care? | | | | | | |
| Management of Complex Problems: does this doctor demonstrate the ability to manage patients with multiple complex problems? | | | | | | |
| Safety: Does this doctor apply safe radiation practice? | | | | | | |

| Reporting/Record Keeping and Organisational Skills | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Organisational Skills: How well does the doctor demonstrate the ability to plan, coordinate and complete administrative tasks associated with radiotherapeutic care? | | | | | | |
| Reports: Does this doctor complete succinct and accurate reports without delay? | | | | | | |



Multi-source Feedback Question Form – Medical Colleague

| Communication and Relationship Skills | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Communication with Patients: How does the doctor relate and communicate with patients? | | | | | | |
| Communication with Doctors: How does the doctor relate to other doctors and referring practitioners for continuing care? | | | | | | |
| Communication with Team: How does the doctor relate to other staff and members of the health care team? | | | | | | |
| Interpersonal Skills: Does the doctor value the experience of others? | | | | | | |

| Personal Qualities and Self-Assessment | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Respect: Does this doctor show respect for the rights, choices, beliefs and confidentiality of patients? | | | | | | |
| Integrity: Does this doctor demonstrate integrity and compassion in patient care? | | | | | | |
| Moral and Ethical Behaviour: What is the standard of moral and ethical behaviour of this doctor towards patients, families and colleagues? | | | | | | |
| Professional Attitudes: Does this doctor show honesty at all times in their workplace? | | | | | | |
| Personal Consideration Does this doctor put patient welfare ahead of personal consideration? | | | | | | |



Multi-source Feedback Question Form – Medical Colleague

| Continuing Education and Quality Assurance | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Ongoing Education: Does this doctor contribute to the education of radiation oncologist colleagues and other co-workers? | | | | | | |
| Quality Assurance: Does this doctor demonstrate the ability to initiate and evaluate quality assurance programs and contribute to quality improvement? | | | | | | |
| Quality of Care: Does this doctor show a resourceful attitude towards continuing education to enhance quality of patient care? | | | | | | |

Comments

Please provide explanatory notes or examples where a score of 1 or 2 has been marked. You may also include other comments about strengths and weaknesses.

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Thank you for taking the time to complete this questionnaire.



Multi-source Feedback Question Form – Self-Assessment

Directions for Completing the Questionnaire

1. Please complete all fields.
2. Please rate your performance in the questionnaire as follows:
 - 1 is considered a poor level of practice
 - 5 is considered an excellent level of practice
3. Please note that your scoring should reflect your performance.
4. You must justify each score of 1 or 2 with at least one explanation or example in the comments section.
5. Please indicate *Unable to answer* if you are unable to answer that question.
6. Please feel free to add any other relevant opinions about your strengths and weaknesses in the comments section.

| | |
|---|---|
| Name of RANZCR Member | |
| Date of Assessment | |
| Name of Assessor (your name) | |
| Current Professional Role | <input type="checkbox"/> Consultant (Radiation Oncologist) <input type="checkbox"/> Consultant (other than Radiation Oncologist) <input type="checkbox"/> Other Medical Practitioner (e.g. Registrar) |
| Hospital, Practice or Organisation | |
| Feedback Provider | |



Multi-source Feedback Question Form – Self-Assessment

| * Medical/Clinical Knowledge and Application | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|------------------|-----------|---|---|---|----------------|
| Knowledge: Do you demonstrate up-to-date knowledge and information required to manage patients? | | | | | | |
| Clinical Judgement: Do you demonstrate the ability to integrate cognitive and clinical skills, and consider alternatives in making therapeutic decisions? | | | | | | |
| Procedural Skills: How well do you demonstrate the ability to perform practical/technical procedures? | | | | | | |
| Responsibility: How well do you accept responsibility for your own actions and understand limitations of your own knowledge and experience? | | | | | | |
| Self-assessment: Do you accept the limits of your own competence and function within your own capabilities? | | | | | | |
| Problem-solving Skills: How well do you critically assess information and respond to urgent situations? | | | | | | |
| Medical Care: Do you effectively manage patients through integration of skills resulting in comprehensive high-quality care? | | | | | | |
| Management of Complex Problems: Do you demonstrate the ability to manage patients with multiple complex problems? | | | | | | |
| Safety: Do you apply safe radiation practice? | | | | | | |

| * Reporting/Record Keeping and Organisational Skills | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|------------------|-----------|---|---|---|----------------|
| Organisational Skills: How well do you demonstrate the ability to plan, coordinate and complete administrative tasks associated with radiotherapeutic care? | | | | | | |
| Reports: Do you complete succinct and accurate reports without delay? | | | | | | |



Multi-source Feedback Question Form – Self-Assessment

| * Communication and Relationship Skills | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|-------------------------|------------------|----------|----------|----------|-----------------------|
| Communication with Patients: How do you relate and communicate with patients? | | | | | | |
| Communication with Doctors: How do you relate to other doctors and referring practitioners for continuing care? | | | | | | |
| Communication with Team: How do you relate to other staff and members of the health care team? | | | | | | |
| Interpersonal Skills: Do you value the experience of others? | | | | | | |

| *Personal Qualities and Self- Assessment | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|-------------------------|------------------|----------|----------|----------|-----------------------|
| Respect: Does you show respect for the rights, choices, beliefs and confidentiality of patients? | | | | | | |
| Integrity: Do you demonstrate integrity and compassion in patient care? | | | | | | |
| Moral and Ethical Behaviour: What is your standard of moral and ethical behavior towards patients, families and colleagues? | | | | | | |
| Professional Attitudes: Do you show honesty at all times in your workplace? | | | | | | |
| Personal Consideration Do you put patient welfare ahead of personal consideration? | | | | | | |



Multi-source Feedback Question Form – Self-Assessment

| *Continuing Education and Quality Assurance | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Ongoing Education: Do you contribute to the education of radiation oncologist colleagues and other co-workers? | | | | | | |
| Quality Assurance: Do you demonstrate the ability to initiate and evaluate quality assurance programs and contribute to quality improvement? | | | | | | |
| Quality of Care: Do you show a resourceful attitude towards continuing education to enhance quality of patient care? | | | | | | |

Comments

Please provide explanatory notes or examples where a score of 1 or 2 has been marked. You may also include other comments about strengths and weaknesses.

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Thank you for taking the time to complete this questionnaire.



Multi-source Feedback Question Form – Non-medical Colleague

Directions for Completing the Questionnaire

1. Please complete all fields.
2. Please rate the *RANZCR Member's* performance in the questionnaire as follows:
 - 1 is considered a poor level of practice
 - 5 is considered an excellent level of practice
3. Please note that your scoring should reflect the performance of the *RANZCR Member*.
4. You must justify each score of 1 or 2 with at least one explanation or an example in the comments section.
5. Please indicate *Unable to answer* if you are unable to answer that question.
6. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses in the comments section.
7. **Please note that your identity will be removed from your responses.**

| | |
|--|---|
| Name of <i>RANZCR Member</i> | |
| Date of Assessment | |
| Name of Assessor (your name) | |
| Current Professional Role | <input type="checkbox"/> Nurse <input type="checkbox"/> Radiation Therapist <input type="checkbox"/> Physicist <input type="checkbox"/> Allied Health <input type="checkbox"/> Administrative, Clerical or Secretarial Staff <input type="checkbox"/> Clinical Trials Coordinator/Data Manager <input type="checkbox"/> Other |
| Hospital, Practice or Organisation | |
| Period you have known the <i>RANZCR Member</i> (please indicate months or years) | |



Multi-source Feedback Question Form – Non-medical Colleague

| *Medical/Clinical Knowledge and Application | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|-------------------------|------------------|----------|----------|----------|-----------------------|
| Responsibility: How well does the doctor accept responsibility for his or her own actions and understand limitations of own knowledge and experience? | | | | | | |
| Problem-solving Skills: How well does this doctor critically assess information and respond to urgent situations? | | | | | | |
| Medical Care: Does this doctor effectively manage patients through integration of skills resulting in comprehensive high-quality care? | | | | | | |
| Skills: How would you describe this doctor's manual and technical skills? | | | | | | |

| *Communication and Relationship Skills | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|-------------------------|------------------|----------|----------|----------|-----------------------|
| Communication with Patients: How does the doctor relate and communicate with patients? | | | | | | |
| Communication with Doctors: How does the doctor relate to other doctors | | | | | | |
| Communication with Team: How does the doctor relate to other staff and members of the health care team? | | | | | | |
| Interpersonal Skills: Does the doctor introduce himself/herself appropriately to patients? | | | | | | |



Multi-source Feedback Question Form – Non-medical Colleague

| *Personal Qualities and Self-Assessment | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|---|------------------|-----------|---|---|---|----------------|
| Respect: Does this doctor show respect for the rights, choices, beliefs and confidentiality of patients? | | | | | | |
| Integrity Does this doctor demonstrate integrity and compassion in patient care? | | | | | | |
| Moral and Ethical Behaviour What is the standard of moral and ethical behaviour of this doctor towards patients, families and colleagues? | | | | | | |
| Professional Attitudes Does this doctor show honesty at all times in their workplace? | | | | | | |

| *Organising Skills and Continuous Education | Unable to answer | 1 Poor | 2 | 3 | 4 | 5 Excellent |
|--|------------------|-----------|---|---|---|----------------|
| Organisational Skills: How well does the doctor demonstrate the ability to plan, coordinate and complete administrative tasks associated with radiotherapeutic care? | | | | | | |
| Ongoing Education: does this doctor contribute to the education of co-workers? | | | | | | |

Comments

Please provide explanatory notes or examples where a score of 1-3 has been marked. You may also include other comments about strengths and weaknesses.

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Thank you for taking the time to complete this questionnaire.



Multi-source Feedback Sign-off Form

Please complete all fields and sign this form with your *Feedback Provider* and upload it to the Learning Portal as evidence when claiming CPD for this activity.

| | |
|---|---|
| Name of <i>RANZCR Member</i> | |
| Date of Feedback on Assessment | |
| <i>RANZCR Member's</i> Current Professional Role | <input type="checkbox"/> Consultant (Radiation Oncologist) <input type="checkbox"/> Consultant (other than Radiation Oncologist) |
| Hospital, Practice or Organisation | |
| Signature of <i>RANZCR Member</i> | |
| Name of <i>Feedback Provider</i> | |
| Signature of <i>Feedback Provider</i> | |

Categories to claim CPD Hours for Multi-source Feedback

The *RANZCR Member* being reviewed can claim CPD hours under *Reviewing Performance and Reflecting on Practice*.