



ANZCA and FPM CPD Program

Multi-source feedback (procedures in pain medicine) - guideline

Paired activity

Category 1
Practice evaluation
Reviewing
performance

Purpose

This guideline assists pain medicine proceduralists, facilitators and feedback responders to complete the multi-source feedback MsF (procedures in pain medicine) activity.

Activity description

The purpose of multi-source feedback (MsF) is to ask colleagues and co-workers ('responders') to provide feedback on your practice by identifying areas of good performance and areas that can be developed further. The essential competencies of every specialist pain medicine physician extend across the FPM Roles in Practice to include medical and clinical expertise, communication, collaboration, leadership and management, health advocacy, scholarship, and professionalism.

This activity is specifically assesses procedural practice for pain management. Specialist pain medicine physicians who do not practice procedures in pain medicine use a different form, see [Multi-source feedback \(pain medicine\) - guideline](#).

Completion of this activity requires a facilitator to collate data from the forms and provide you with feedback. The intention is that this feedback is collaborative, supportive and undertaken for the purposes of learning and change.

Related documents

1. [Multi-source feedback \(procedures in pain medicine\) - form](#)
2. [Multi-source feedback \(procedures in pain medicine\) - summary form](#)
3. [Multi-source feedback \(procedures in pain medicine\) - self-assessment form](#)
4. [Multi-source feedback confidentiality and CPD verification form](#)

How to complete this activity

Steps

Time period	Steps	Complete (tick)
MsF preparation	Identify and invite a suitable facilitator, a trusted colleague who ideally has some experience in providing feedback, as well as understanding of procedures in a sociopsychobiomedical context and detailed knowledge of PS11(PM):Procedures in Pain Medicine Clinical Care Standard .	
	Discuss with the facilitator that they are responsible for: <ul style="list-style-type: none"> • Checking that invited respondents (colleagues and co-workers) are representative of the participant's anaesthesia practice. • Following up those who have not yet responded. 	

Time period	Steps	Complete (tick)
	<ul style="list-style-type: none"> • Summarising results and variations from your self-assessment on the response collation form. • Destroying the original MsF forms after completing the response collation form. • Initiating the feedback meeting. <p>Discussing the results in a formative way with you at the feedback meeting.</p>	
	<p>Ask the facilitator to sign the confidentiality section of the Multi-source feedback confidentiality and CPD verification form.</p> <p>Provide your facilitator with a copy of Practical guidance for CPD feedback conversations.</p>	
	<p>Select and invite at least 10 colleagues and co-workers to provide feedback and seek their verbal consent to be involved.</p> <p>Choose responders who reflect the breath of your clinical practice (including trainees/students if you supervise them). Whilst it is not necessary that they are all from the same organisation, it is important that they work with you sufficiently regularly to provide feedback on your performance.</p> <p>It is recommended that respondents include operating theatre staff, other specialists, allied health and referrers. Administrative staff and trainees (where relevant) may also be approached.</p>	
	<p>Check that the facilitator agrees with the chosen responders.</p>	
MsF data collection and summary	<p>Distribute the MsF forms to those that have agreed to take part in the activity. Results from a minimum of six responders must be included on the response collation form, so distributing at least 10 is recommended.</p> <p>Complete the self-assessment form. Forward to the facilitator with a request to arrange a feedback meeting. Published data suggest that any discrepancy between a participant's own judgement of their performance and that of their colleagues is a useful discussion and reflection point.</p> <p>The facilitator follows up outstanding responses. A feedback meeting should be organised as soon as possible after:</p> <ul style="list-style-type: none"> • A minimum of six forms are received, remaining responders have been followed up, and all forms to be included have been submitted. • The participant has completed the self-assessment form. • The facilitator has collated de-identified colleague and co-worker responses on the MsF response collation form and noted any discrepancies between these and the participant's self-assessment • The only copy of the collated response form has been provided to the participant, giving them an opportunity to review and reflect on the results prior to the feedback session. 	

Time period	Steps	Complete (tick)
	<p>Keep a copy of this collated response form for the feedback conversation but then delete it from your records.</p> <p>One of the strengths of this process is that responders provide feedback in a confidential manner. The facilitator must not show the participant the original MsF forms submitted, only the response collation form.</p>	
<p>MsF feedback conversation</p>	<p>The participant and the facilitator should meet for approximately 20-30 minutes to talk about the results of the survey. This meeting can occur either face-to-face or virtually.</p> <p>The following is one approach for the facilitator:</p> <ul style="list-style-type: none"> • Ask the participant about their reflections on the feedback, including if there are particular items on the MsF response collation form they are concerned about and aspects of their practice they could improve upon. • Talk through the summary results for each item, discussing areas of strength and identifying areas for improvement • Concentrate on specific areas with a high variance between the participant’s self-assessment and the collated feedback. Then specific items of behaviour can be focussed on • Ask the participant to consider why they may have received negative feedback (if any) and discuss how they approach those aspects of practice, including areas to work on. • Discuss the participant’s CPD plans for the next 12 months. The facilitator might also suggest additional/alternate activities which support any learning needs highlighted in the MsF. <p>The facilitator may choose a different model of providing feedback.</p>	
	<p>The participant asks the facilitator to sign the verification section of the Multi-source feedback confidentiality and CPD verification form. Both participant and facilitator retain a copy of the form for their CPD evidence.</p>	

Receiving feedback: for the participant

CPD activities are intended to promote supportive conversations that assist you to reflect and advance your practice. Engaging in a feedback conversation may on occasions challenge you and raise uncomfortable thoughts and feelings. If this occurs consider seeking out a trusted colleague or friend for support. Confidential wellbeing support is freely available through the college, details can be found on the [website](#).

Using a different tool

If you choose to use a different tool for the MsF activity, ensure it was developed for the purposes of multisource feedback for procedural pain medicine practice and is relevant to your scope of practice.

ANZCA and FPM CPD portfolio recording

Participants record this activity under:

Category 1 Practice evaluation - reviewing performance: *Multi-source feedback*, with the [Multi-source feedback confidentiality and CPD verification form](#) uploaded as evidence.

Facilitators who are also CPD participants record this activity under:

Category 2 Knowledge and skills: *Review of ANZCA/FPM Fellows*, with the [Multi-source feedback confidentiality and CPD verification form](#) uploaded as evidence.

Optional related activities

1. Critical reflection

You may choose to undertake a Category 1 *Critical reflection* activity on this MsF and develop a plan for practice change. This facilitates the participant 'closing the loop' by reflecting on specific actions they can undertake to improve their practice.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Advancing CPD 2013 Working Group	CPD team	CPD Committee	2013	Created
2		CPD team DPA education		2023	<ul style="list-style-type: none"> Updated branding and formatting Incorporated change control register