

# 360 Feedback for Medical Staff Participant Guide



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# MCC 360 Overview

The Medical Council of Canada (MCC) 360 is a national validated multisource feedback assessment tool developed to provide you with relevant and actionable feedback on your role as a communicator, collaborator, and professional.

The MCC 360 relies on insight from those who best know your work. In addition to a self-assessment, you will invite colleagues, coworkers, and patients to contribute input to your individualized 360 feedback report.

You'll be notified by your health authority when you are eligible and expected to sign up to the MCC 360 program. Once you sign up in the MCC portal, the program prompts you to complete the assessment steps, which usually occur over six to eight weeks. When it's ready, a trained facilitator or medical leader will help you reflect on your summary 360 report and build an action plan.

The MCC 360 multi-source feedback process takes about four hours of your time, including completing your self-evaluation, requesting feedback, and your on-one-on facilitated feedback session.

The MCC 360 is easy to navigate from within the program portal. Use this guide to help you prepare with tips from peers who have completed the 360.

## KEY TAKEAWAYS

- The MCC 360 offers facilitated individualized feedback from colleagues, co-workers, and patients that is statistically significant.
- You'll reflect on your unique report with a trained facilitator or medical leader and gain their help to build an action plan.
- The program offers resources and support to set you up for success.

# Why Medical Staff Complete the MCC 360

## Regular review and reflection are good professional practice

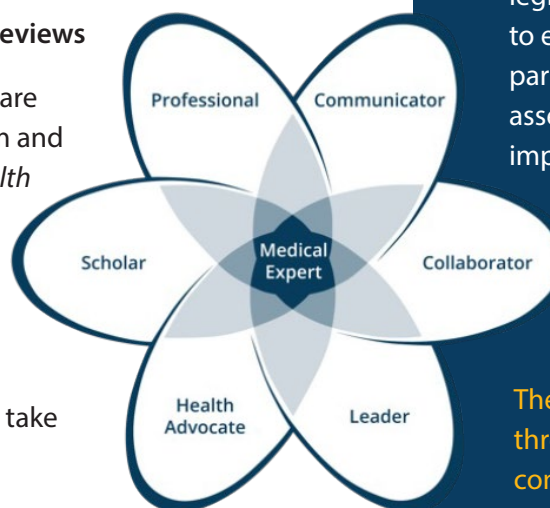
A key part of managing medical professions is the voluntary commitment of practitioners to uphold professionalism. Nationally, the CanMEDS and CanMEDS FM frameworks define the necessary competencies for medical practice and provide a comprehensive foundation for medical education and practice in Canada. Recognized as a Health Standards Organization Leading Practice, the MCC program offers you a holistic view of your practice, including your strengths and opportunities for growth.

Though specific to physicians, the CanMEDS model has comparable equivalencies in competency frameworks for the practice of dentists, midwives and nurse practitioners.

## Legislated requirements for in-depth reviews

BC health authority and affiliate boards are responsible for ensuring professionalism and high standards of medical care. The *Health Professions Act* requires all health care professionals to have their practice assessed. The BC Hospital Act and its regulations state that health authorities must create bylaws and rules to ensure quality care and require medical staff to take part in quality improvement activities.

Participating in the MCC 360 aligns you with peers in Alberta, Ontario, and the UK, where practice appraisal and improvement program requirements are well established.



## KEY TAKEAWAYS

- Completing the 360 assessment helps you meet your obligations as a self-regulating professional.
- The MCC 360 is developed for the Canadian context and aligns with recognized competency frameworks for the medical staff professions.
- Health authorities have a legislated responsibility to ensure medical staff participation in practice assessment and quality improvement activities.

The MCC 360 measures three CanMEDS competencies: professional, communicator, and collaborator

# How to Get Started and What to Expect

## Account setup

Your organization will advise you on your 360 start date. The Medical Council of Canada (MCC) will send a welcome email with account set up details. Set up your account promptly to give yourself ample time. If you don't see your welcome email, check your spam folder or contact the MCC service desk.

**PEER TIP:** Begin planning while you await your account details.

- Identify colleagues and co-worker to invite.
- Determine if on-site support (such as an MOA) is needed or available to help distribute patient surveys.

## Using your email for MCC correspondence

MCC will communicate with you by email. You will also collect emails from colleagues and co-workers to pass on to MCC (who will send them a survey link). Privacy legislation recommends using your business email for professional purposes associated with the health authority.

## Getting raters

Once you are set up in your MCC account, you will have 6-8 weeks to gather survey responses and complete your self-assessment.

You will need:

- 1 self-assessment
- 8 colleague surveys
- 8 coworker surveys
- 25 patient surveys

## KEY TAKEAWAYS

- Begin as soon as you receive your MCC login.
- A best practice is to use your health authority email.
- If the start email is delayed, check your spam folder.
- Early planning can help expedite your 360 process.

Please note: Should you use a personal (rather than business) email, note that the collection of information is specific to your role as a participant in the MCC 360 and is collected on behalf of your health authority under the authority of the Freedom of Information and Protection of Privacy Act (RSBC, 1996, c. 165) sections 26©.

**Questions? Please contact your medical affairs administrator.**

## Who can I ask to be a rater?

Some of your colleague or co-worker raters may be pre-selected by your organization. For the raters you invite to contribute to your 360, use these guidelines to identify who to ask in each category.

- The **patient** receiving care from you, or a person accompanying the patient to the appointment.
- **Colleagues** are peers with whom you have shared care for a patient in your health authority practice in the last year. They may be within your own health authority or another organization — including physicians, midwives, nurse practitioners or dentists in the community setting that you have referred patients to, or who have referred patients to you. You do not need to know them well.
- **Co-workers** are the range of professionals with whom you have worked as part of your health authority practice in the last year. They may be within your own health authority or in another organization, including co-workers in the community.

They may be, for example: nurses, unit clerks, physiotherapists, occupational therapists, social workers, respiratory therapists, technicians, recreational therapists, clergy, counselors, indigenous patient navigators, spiritual health practitioners, psychologists, dieticians, porters, pharmacists, managers, etc.

## Are there exceptions to the feedback requirements?

If your practice is not patient-facing or not appropriate for soliciting patient feedback (i.e. mandated psychiatric care), your organization may exempt you from this component.

Strategies for gathering patient feedback are offered in a supplement at the end of this guide. You may also connect with MCC support for further assistance if you face challenges.

## How to distribute feedback invitations and surveys

- **For patients:** In the MCC portal, access a survey URL to share with your patients. Or request a print package with paper surveys and business cards with your unique survey URL.
- **For colleagues and coworkers:** Submit their emails in the MCC portal, so MCC can email them a unique survey link.

**PEER TIP:** Advise your colleague and co-worker raters that privacy recommends using their business email, as in the template email invitation available here: [bcmqi.ca/practice-enhancement/360-feedback-for-medical-staff/medical-staff-participants](https://bcmqi.ca/practice-enhancement/360-feedback-for-medical-staff/medical-staff-participants).

## Monitor your progress

Once you've initiated the rater requests, you can log into your portal to track responses. MCC may send periodic emails to remind you of any upcoming deadlines.

## Reflect on the summary report

After the required number of surveys are completed, MCC will generate a report and notify your health organization that the report is ready. Two things will happen next:

- You and your designated facilitator or medical leader will receive the individualized 360 summary report.
- You will be contacted to schedule a one to one session to reflect on your report and develop your action plan.

## Professional development credits (physicians)

All 360 program participants are issued a certificate of completion after having met with a designated facilitator or medical leader. Physicians are also eligible for three CPD credits per hour through the Royal College of Physicians and Surgeons of Canada (Assessment or Accredited/Certified) or the College of Family Physicians of Canada (Mainpro+).

## KEY TAKEAWAYS

- The standard requirement is for feedback from 8 colleagues, 8 co-workers, and 25 patients.
- Some colleague or co-worker raters may be pre-selected by your health organization.
- Specific practices may be exempt from the patient feedback component.
- If you want paper surveys or business cards to distribute to patients, request them in the MCC 360 portal.
- See strategies your peers have used to gather feedback at the back of this guide.
- All participants receive a summary 360 report and have a 1:1 session with a trained facilitator or leader to interpret results and build your action plan.
- Physicians may claim level 3 credits on completion of the MCC 360.

# About Privacy and Confidentiality

Medical staff quality review processes are protected by multiple applicable provincial statutes, which serve to:

- Establish the foundational patient care and quality improvement obligations of health authorities and medical staff members.
- Define overarching privacy and confidentiality protections related to hospital records (including in-depth review records).
- Clarify specific disclosure obligations of medical staff in relation to professional regulatory bodies that may arise from the performance appraisal process.

## Protections against disclosure

With few exceptions, information collected as part of any quality review process, including in-depth reviews, are protected from external disclosure through either the *Evidence Act* or the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Crucially, Section 51 of the *Evidence Act* protects efforts to ensure high standards of patient care and professional competency and ethics, ensuring confidentiality of documents created for the purposes of improving medical practice or patient care.

## KEY TAKEAWAYS

- Medical staff quality reviews — and the data they generate — are protected from external disclosure by FOIPPA and Section 51 of the Evidence Act
- The MCC 360 process and outputs are protected by FOIPPA and Section 51, in the same way that all quality review records are protected from external disclosure.
- The exception for all Section 51 protected information is anything that meets the “duty to report” threshold — in which case a facilitator or leader is obliged to report the serious risk identified.
- The MCC 360 is not designed to surface the exceptional instances associated with the duty to report, nor do 360 reviews typically identify issues of this nature.

## What exactly is protected by Section 51?

The outputs of your activities (records, summaries, reports and opinions prepared as part of an in-depth review) are, with few exceptions, protected from being disclosed externally or admitted as evidence in civil proceedings such as malpractice actions, coroner's inquests, defamation lawsuits, arbitrations or inquests. An exception to this general prohibition exists for document disclosure and witnesses in proceedings related to credentialing and privileging matters before the Hospital Appeal Board.

## Are there exceptions to Section 51 protections?

Yes. Your designated facilitator or medical leader is obligated by a legal "Duty to Report" in the extremely rare instance where continued practice risks serious professional misconduct or danger to the public. In this instance, the facilitator or leader would make their concerns known and inform you of their obligation to report to the appropriate medical leader, ceasing any MCC 360 activities. The 360 program is not designed for these exceptional instances, nor do reviews typically identify issues of this nature.

### PART 5

## Where Do I Go for Help?

Use of the MCC 360 for medical staff in British Columbia is designed by and for BC health authorities, with facilitation and coordination from BC Medical Quality Initiative (BCMQUI).

There are a number of dedicated supports available.

- For program support, contact MCC directly by phone toll-free at 1-833-521-6024 or by email at [mcc360@mcc.ca](mailto:mcc360@mcc.ca). The MCC service desk is open Monday to Friday from 08:00 to 16:30 Eastern Time (ET).
- For questions on the 360 assessment and health authority processes, contact your local medical affairs program coordinator or internal website.
- For helpful resources and more on the provincial 360 feedback initiative, visit [bcmqi.ca/practice-enhancement/360-feedback-for-medical-staff](http://bcmqi.ca/practice-enhancement/360-feedback-for-medical-staff)



# Peer Tips: Getting Feedback

## GATHERING COLLEAGUE AND CO-WORKER FEEDBACK

Recall that these raters can be drawn from professional interactions that have occurred in the last year.

The colleagues and co-workers do not need to practice in your health authority or site — they only need to have interacted with you about care you provided to a patient in the health authority.

**PEER TIP:** Ask more people than you need to meet your goal. The only risk is getting robust feedback! This approach can prevent delayed responses from holding up your entire process.

## GATHERING PATIENT FEEDBACK

### Why collect patient feedback?

The ultimate goal of practice improvement is the ongoing delivery of high quality care. While some data reflects your medical expertise, the MCC 360 offers unique insight on how patients experience your care.

Gathering 25 patient surveys may seem like a tall order. Be assured that this volume is research-backed. It was recommended by a committee of medical practitioners from across Canada because it supports patient anonymity and heterogeneity, and it provides acceptable statistical reliability.

### The basics on patient surveys

- MCC makes patient surveys available in several formats including a unique survey link (URL) or QR code, paper surveys, and if needed, the option to respond over the phone with MCC.
- The survey consists of 22 questions and takes 5 to 10 minutes to complete.
- The survey is completely confidential. It does not ask for patient names or personal health information and all responses are compiled in a summary report before they are shared with you.

**PEER TIP:** Those who've done the MCC 360 say that there is one golden rule: *Don't wait to get started!*

- You can begin inviting feedback as soon as you onboard to the MCC portal, where you will access an individualized survey link (URL).
- Need hard copies? Request your print package from MCC 360 if you want business cards, a QR code, or paper surveys to engage patients.

### How do I explain the request to patients?

Your package from MCC includes a letter you can hand out. Or use a simple verbal introduction.

*Would you be willing to give feedback on your experience today? It will help me improve the care I provide — and the survey will take just 5-10 minutes of your time.*

### When should I ask a patient to provide feedback?

More surveys are returned if completed within the care visit — rather than afterwards. If possible, encourage patients to complete the survey on their smartphone as the appointment concludes.

**PEER TIP:** Be ready to try more than one approach to see what works best in your practice setting. Ask more patients than you need responses from, to allow for the natural fall-off rate.

How to share the surveys	How to invite the feedback
<ul style="list-style-type: none"><li>■ Download and distribute the Patient Feedback Handout pdf from the MCC portal</li><li>■ Write your url/survey link on your business or appointment cards</li><li>■ Add the request and your link to existing print materials distributed to patients</li><li>■ Load your survey link on a tablet for use in a waiting area</li><li>■ Request paper surveys and business cards with QR codes from MCC (<i>print package</i>)</li><li>■ Add your link to post-appointment email</li><li>■ Offer the MCC survey phone number, if that is most accessible for your patient</li></ul>	<ul style="list-style-type: none"><li>■ Make a verbal request at the close of an appointment; this shows your patients that you value their feedback</li><li>■ Enlist an administrator's help to solicit feedback with intake or discharge.</li><li>■ Include the request in email communications with your patients</li></ul>

***If a patient experiences technical difficulty or would like to complete the survey over the phone, you can invite them to call MCC 360 toll-free at 1-888-521-6024.***

### **Are virtual or telemedicine patients eligible to complete the survey?**

Yes, any patient you interact with in a clinical setting will be able to provide feedback, even from a single encounter. This includes videoconference or telephone consults. If a question is not relevant to them, they may answer "Skip (not applicable)."

### **What if my patients are under stress or have lowered capacity?**

Patients in urgent care or who receive anesthesia may have limited interaction with you. MCC surveys are designed so that any patient can give some feedback, even from a single interaction. If a question isn't relevant for their visit, the patient may answer "Skip (not applicable)."

**PEER TIP:** Can you enlist help to distribute patient surveys? One anesthesiologist who gained assistance from their MOA noted that showing appreciation for this help went a long way.

### **How can I assure patients or caregivers that their feedback is confidential?**

Patients should be clear that the survey is voluntary. The survey does not ask for names or personal health information--only about the quality of care received.

### **How will patients distinguish my contribution to their care?**

A patient will not always be able to clearly single out your care. To mitigate this, you might solicit feedback from patients who have received more care or more impactful care from you (e.g., as a team member to deliver a patient's baby).