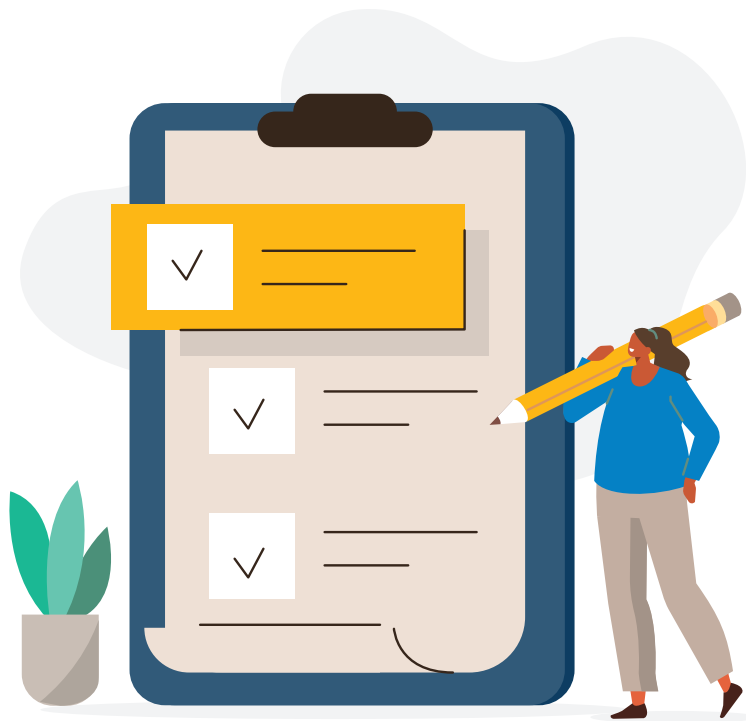


# Participant Guide



## MSPE Participant Guide

Updated February 2, 2023

### A note on distribution of the program materials:

This guide provides key information about the new provincial peer facilitator program for MSPE. While the content is not confidential, it is subject to change.

For the latest updates as the program develops visit: [bcmqi.ca/practice-enhancement](https://bcmqi.ca/practice-enhancement)



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# What is MSPE?

Patient safety and quality of care are optimized in settings that foster a culture of ongoing practice improvement. Recognizing this, BC health authorities are aligning provincially on a program to help medical staff practitioners reflect on, and develop, their professional practice.

This collaborative initiative is the Medical Staff Practice Enhancement (MSPE) program.

Practice enhancement encompasses the activities that help you to assess, reflect on, and enhance your practice — such as quality improvement processes, performance reviews, and continuing education.

Introduction of the program will be phased and iterative, building up toward a regular cycle of in-depth review, reflection and enhancement.

In time, the goal is to provide you with facilitated feedback using evidence-informed practice reviews every six years, so that you may make informed action plans to enhance your practice.

MSPE is a practice improvement program that guides you through a review of your practice, toward creation of an action plan for your learning and professional growth.

The MSPE process and outcomes are not linked to privileges or licensing.

# Medical Staff Practice Enhancement

6-year cycle



## Key takeaways:

- MSPE is a practice improvement program for medical staff practitioners across BC.
- The MSPE program supports individual quality improvement and career development.
- MSPE engages you in three stages of practice improvement activity (assessment, reflection and enhancement) in a regular six-year cycle.
- Program outcomes are confidential and are not linked to your privileges or licensing.

# Why create a provincial program?

## Regular review and reflection are good professional practice

A key element of governance of the medical staff professions involves the voluntary commitment by individual practitioners to self-regulate by adhering to the tenets of professionalism.

Competence in professionalism involves non-cognitive skills: communication (integrity, compassion) and continuous improvement (recognition of limitations, motivation to improve). The use of reflective reviews and other opportunities for feedback support this continuous improvement.

## Alignment of frameworks for professional competency

Nationally, the CanMEDS and CanMEDS FM competency frameworks, developed by the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada, serve to define the necessary competencies for all areas of medical practice and provide a comprehensive foundation for medical education and practice in Canada.

Though specific to physicians, the CanMEDS competencies have comparable equivalencies in competency frameworks for the practice of dentists, midwives and nurse practitioners — and in other jurisdictions. Knowing that the CanMEDS competencies are widely adopted across many professions and in many settings across the world, they are adapted in the MSPE program to reflect their application to all medical staff.

A provincial approach means that medical staff practitioners can expect consistent structures and supports for reflective reviews, no matter where in BC they practice.

## Legislated requirements for in-depth reviews

BC health authority and affiliate boards are responsible to ensure that professionalism and appropriate standards of medical care are observed and provided in the services to patients.

The *Health Professions Act* identifies that all health care professions are to undergo practice assessment. The *BC Hospital Act* and *Hospital Act Regulations* outline the statutory requirement that a health authority develop and implement bylaws and rules that ensure a high standard of care, and require that its medical staff participate in quality improvement activities.

In time, participation in MSPE will become a standard expectation for all health authority medical staff members in BC.

Undertaking regular reflective review will align BC practitioners with their peers in Alberta, Ontario, and the UK, where practice appraisal and improvement program requirements are well established.

### KEY TAKEAWAYS

- Participation in MSPE will become a standard expectation for medical staff across BC.
- MSPE is designed to help you meet your obligations as a self-regulating professional.
- MSPE builds on 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.

# What does the program entail?

Practice enhancement is an ongoing journey. The MSPE program aims to support you through a six-year cycle of learning, reflection and development.

The MSPE program includes three interlocking activities:

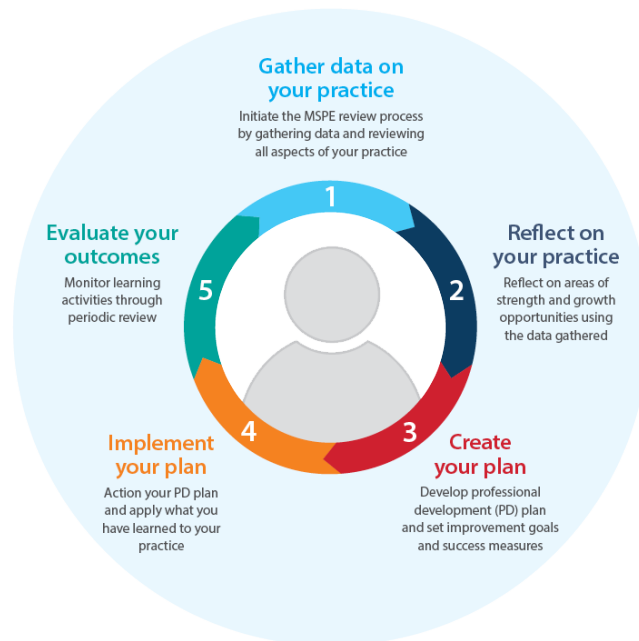
- Gather data to assess your practice
- Reflect on the feedback data and create an action plan
- Take steps to enhance your practice.

You will be matched with a peer facilitator to guide you through this process.

## Gathering your data

Establishing an MSPE program for BC will be a multiyear journey. The program is being developed and introduced in phases, to build up toward an in-depth process with multiple data inputs, such as:

- Multisource feedback (360 review)
- Chart reviews
- Peer review
- Practice profiles.



The program is initiating with facilitated multisource feedback using the Medical Council of Canada tool—the MCC 360—to provide participants with an individualized report, 1:1 peer support, and up to 12 CPD credits (for eligible professions).



## MCC 360

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 (8), co-workers (8), and patients (25) to contribute input to your individualized 360 feedback report.

See *the* Practitioner Steps in a 360.

## Reflecting on your data and creating an action plan

A trained peer facilitator will support you through your MSPE experience, to help glean valuable insights that can inform a meaningful action plan. The goal is to match you with a peer facilitator who is actively practicing in the same, or a related, field of medicine as you, in a similar setting (i.e. urban, rural, remote), outside your site and reporting structure.

## MCC 360

Once you have reached the survey input targets, MCC 360 will generate an individualized summary feedback report. Only you and your peer facilitator will see your feedback report

At this stage, you will book two conversations with your peer facilitator — first to review and reflect on insights from the report, and second, to develop an action plan and identify relevant resources for action.

## Enhancing your practice

The third conversation with your peer facilitator occurs approximately 60 days after your second meeting. Over this time, you will have had an opportunity to commence acting on the priority action(s) you have identified. The third, and final, touchpoint is a chance to reflect on your progress with your peer facilitator: what barriers or resources are proving important to acting on your plan? Can you observe an impact on your practice?

In the MSPE program, the skilled peers who support participants to review, reflect, interpret, and act on the data from their assessments through facilitated conversations are called peer facilitators.

## Completion times and activity locations

The sequence of steps in your facilitated MCC 360 feedback process are paced over five months and will take place online and in your practice environment. All conversations between you and your peer facilitator are conducted by Zoom.

Occurs over	Initial MCC 360 requirements	Time (est.)
6-8 weeks	Begin 360 with self-assessment	5 hours
	Engage raters: colleagues (8-10), coworkers (8-10), and patients (25)	
<b>360 assessment – Facilitation activities</b>		
3-5 weeks	60 mins., 1:1 with peer facilitator to interpret report findings	4 hours
	30 mins., 1:1 with peer facilitator to review goals and build an action plan	
One touchpoint	All meetings require preparation	
One touchpoint	15 mins, follow-on call with peer facilitator to reflect on progress	
5 months	<i>Totals for completion of 360 for MSPE</i>	9 hours

### KEY TAKEAWAYS

- MSPE is initiating with MCC 360 multisource feedback to provide you with relevant and actionable feedback on your role as a communicator, collaborator and professional.
- A trained peer facilitator will guide you to reflect on the feedback, create an action plan and evaluate your progress.
- Conversations with your peer facilitator are confidential.
- The MCC 360 for MSPE will span about 9 hours of your time over 5 months.

# How do I get started?

Welcome to the MSPE program! Your organization has nominated you to begin the MSPE program. The information below outlines what you can expect as you move through the program, along with a few tips and tricks to help streamline the process.

## Account setup

Your name and the email you submitted to your organization has been shared with the Medical Council of Canada (MCC). You can expect to receive an email from MCC inviting you to set up your account in the next few days. If you do not receive an email, please check your spam folder or contact the MCC service desk. You can find their contact information on page 18. Please set up your account promptly to ensure you have enough time to complete the first part of the 360 process.

## About using your email for MSPE correspondence

Should you provide your personal email address (rather than your business email address), please note that the collection of this information is specific to your role as a participant in the MCC 360 assessment, and is being 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©.

For questions on the MCC 360, please visit [MCC 360 — Homepage | Medical Council of Canada](#). For questions on the collection and use of your information by your health organization, please contact your regional MSPE administrator.

MCC 360 will communicate with you by email. Similarly, your raters will need to provide an email address for you to pass on to MCC (who will then send them a survey link). Privacy offices always recommend using your business email for professional purposes associated with the health authority.

## Pre-planning your 360 process

While you await your account details, there are a few items you can begin planning. Prior participants have recommended the following tips and tricks that they found helpful during the early part of their 360 process:

- Practice describing the MSPE program so you are ready to share the information when you request feedback from your raters.
- Determine if site support is needed or available to help request and distribute patient surveys.
- Identify and collect colleague and coworker emails in advance.
- Connect with your regional MSPE administrator for support.

## Getting raters

Once you receive your MCC account and are logged in, you can start your MCC process. You will have six to eight weeks to gather the survey responses and complete your self-assessment. You will need:

- 25 patient surveys
- 8–10 colleague surveys
- 8–10 co-worker surveys.

### Who can I ask to be a rater?

- The **patient** receiving the care or the persons accompanying the patient to the appointment. (For more on patient engagement see the supplement on page 19.)
- **Colleagues** are medical staff (physician, midwife, nurse practitioner, or dentist) with whom you have shared care for a patient, in your health authority practice, within the last year. They may be within your department, health authority or another organization—including physicians, midwives, nurse practitioners or dentists in the community setting that you have referred your patients to or physicians that have referred patients to you. You do not need to know them well.
- **Coworkers** are non-medical health authority staff—including the nurses, clerks, technicians and allied health professionals that may be within your department, health authority, or another organization—whom you have worked with over the past year.

MCC recommends asking more patients, colleagues and co-workers than required to ensure you meet the required number of surveys. These minimums help to ensure a robust feedback report.

## Resources and tools in the MCC platform

**For patient raters:** Once logged into your MCC platform, you can access your survey URL and QR code. These links are what you will share with your patient raters. QR codes may not work on devices that do not support that function. You can also request printed copies of your patient surveys, business cards with the survey URL and pre-printed envelopes directly from MCC.

**For colleague and coworker raters:** You will need to enter your colleague and coworkers' email information directly into the platform so that MCC can email the survey directly to them to complete. You may want to advise your raters to use their health authority email for to ensure compliance with your privacy office. If you are needing support gathering your colleague or coworkers' emails, please connect with your regional MSPE administrator.

## Progress and status updates

You've now completed the first part of the process by requesting raters for your 360. You will receive progress update emails from MCC on how many of your raters have responded and upcoming deadlines.

After the required number of surveys are completed, MCC will generate a report and notify your peer facilitator that the report is ready. The peer facilitator will review and release the report to you through the MCC platform. The MSPE team will connect with you and peer facilitator to book three meetings: one to review your report, one to develop your action plan and one for follow up.

### KEY TAKEAWAYS

- A best practice is to use your business email for the MSPE program and MCC 360.
- Early planning on how you will distribute patient surveys and gather contact information can help streamline your 360 process.
- You can begin as soon as you receive your MCC login. An individualized package with a survey URL and QR code to share with raters is available in your MCC account. You can expect regular email updates from MCC on your progress and upcoming deadlines.

In the MCC platform, you will have access to an individualized participant package that includes printable business cards with your survey URL to hand out, a QR code and a rater instruction letter from MCC.

### What’s in it for me?

Participating in the MSPE program offers you an individualized multi-source feedback report, along with 1:1 peer support to interpret the feedback and develop your action plan. Leveraging the MCC 360 provides comprehensive feedback from a cohort of patients and those you work with that you can use to improve your practice.

#### Professional development credits (physicians)

Physicians are 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+*).

Certificates of completion are available from MCC once you have completed the process and met twice with your peer facilitator.

#### College of Family Physicians of Canada (CCFP)

<p><b>What am I eligible for?</b></p>	<ul style="list-style-type: none"> <li>■ Participation in the MCC 360 is CCFP certified for 12 Mainpro+ credits</li> <li>■ If coached, the MCC 360 process is CCFP certified for 15 Mainpro+ credits</li> <li>■ Meeting with an MSPE peer facilitator qualifies you for the coached credits</li> </ul>
<p><b>Other opportunities</b></p>	<ul style="list-style-type: none"> <li>■ Engaging in MSPE can also be the subject of a <i>Linking Learning to Assessment</i>, which is a self-administered, semi-structured reflection exercise that offers an opportunity to earn five Certified Mainpro+ credits.</li> <li>■ In this instance, physicians complete Step 5 of the Linking Learning activity after 6–12 weeks (or more) have passed, to allow time to assess the impact of the learning activity on their practice.</li> <li>■ Linking Learning allows physicians to earn Mainpro+ certified credits through their daily work. Forms are available on the Mainpro+ portal under the Certified Assessment menu.</li> </ul>

On completion of the MSPE program, physicians are typically eligible for up to 12 CPD credits.

Recognition opportunities for dentists, midwives and nurse practitioners are not yet confirmed.

### Royal College of Physicians and Surgeons of Canada (RCPSC)

<b>What am I eligible for?</b>	<ul style="list-style-type: none"><li>■ Participation in MSPE is RCPSC certified through by the Maintenance of Certification (MOC) Program</li><li>■ The Advancing CPD initiative focuses on quality improvement (QI)/practice improvement or enhancement and integrating QI with workplace learning.</li><li>■ Your time dedicated to completing the MSPE program components can be claimed for up to 3 credits per hour under Section 3: Practice Assessment. All hours are self-reported.</li><li>■ MSPE program activities eligible for Section 3 credits include participation in multisource feedback, direct observation, chart audit and feedback or a reflective exercise.</li></ul>
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For further questions on gaining and reporting CPD credits, we recommend you reach out to your regulatory college.

### KEY TAKEAWAYS

- All participants will receive a personalized MCC 360 report and 1:1 peer support to interpret feedback on your practice and build an action plan.
- Physicians may claim up to 12 CPD credits on completion of the MSPE program.
- Credit opportunities for nurse practitioners, midwives and dentists are not yet confirmed.

# About information sharing, privacy and confidentiality

Medical staff quality review processes in BC 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
- 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 and documentation collected as part of any health authority 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 by hospitals to ensure maintenance of high standards of patient care and professional competency and ethics. Broadly, it ensures the *confidentiality* of documents created for the purposes of improving medical or hospital practice or patient care in the hospital.

- *Evidence Act*, R.S.B.C. 996, c.124, s. 51. [www.bclaws.ca/civix/document/id/complete/statreg/96124\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/96124_01)



### **What exactly is protected by Section 51?**

The outputs of your MSPE 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. Nor can contributors to your review be called as witness in a civil proceeding for questions on the review. 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 the confidentiality I am assured of in the MSPE program?**

Yes. As with all regulated health professionals, your peer facilitator is obligated by a legal "Duty to Report" in the rare instance where continued practice risks serious professional misconduct or presents danger to the public. In this instance, the peer facilitator would make their concerns known and inform you of their obligation to report to the appropriate health authority medical leader, ceasing any MSPE activities.

The practice enhancement program is not designed for these exceptional instances, nor do in-depth reviews typically identify issues of this nature.

Section 51 of the BC Evidence Act prohibits the disclosure of information and documentation collected as part of a hospital's quality of care review.

Your MSPE program activities are Section 51 protected, to create a safe environment for learning.

# Where do I go for help?

MSPE is created by and for BC's health authorities, with facilitation and coordination from BC Medical Quality Initiative (BC MQI). There are a number of dedicated supports available.

- For questions regarding the MSPE program MCC 360 process, including requests for site-specific information and support, contact your regional MSPE administrator.
- For questions regarding the MCC 360 survey or platform, 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 8:00 a.m. to 4:30 p.m. Eastern Time (ET).
- For general questions regarding the MSPE program, visit [bcmqi.ca/practice-enhancement](https://bcmqi.ca/practice-enhancement) or connect with the provincial team at [mspe@bcmqi.ca](mailto:mspe@bcmqi.ca).

# Patient engagement: Scenarios and solutions

This resource will help you prepare to gather the 25 (or more) patient surveys for your MCC 360, by walking through some questions and challenges that may come up.

## Why collect patient feedback?

The ultimate goal of improvement efforts in health care is delivery of high quality patient care. While other assessments may offer feedback on your medical expertise, the MCC 360 solicits patient perspectives on your communication and professionalism; offering you unique insight on the patients' *experience* of care that you have provided.

Gathering 25 patient surveys may seem like a tall order. Be assured that this expectation is backed by research and was determined by a committee of medical practitioners from across Canada. This volume supports patient anonymity and heterogeneity of responses, and also provides an acceptable reliability for both the overall instrument and your assessment data.<sup>1</sup>

## The basics on patient feedback and the MCC 360

- The Medical Council of Canada (MCC) has developed an array of methods for patients to provide survey feedback, including a survey link (URL), QR code, paper survey, and if needed, the option to complete the survey 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 any identifying information from the patient and is compiled in an aggregate report before it is shared with you.

## The number one tip about collecting MCC 360 patient feedback

The experience of practitioners using the MCC 360 elsewhere suggests there is one golden rule for success: *don't wait to get started!*

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<sup>1</sup> "A multi-source feedback program for anesthesiologists," *Canadian Journal of Anesthesia*, Lockyear et al. 2006.

It can take time for completed patient surveys to accrue. Think of the best approach to suit your scope, patient population, and clinical setting. If there are any challenges to troubleshoot, you'll want time to strategize.

- You can begin requesting feedback as soon as you onboard to the MCC portal, where you will access an individualized survey link (URL) and QR code.
- Request your resource package from MCC 360 promptly so that you'll have all the tools you need (business cards, paper surveys) to engage patients.
- Ask more patients than you need responses from, to allow for the natural fall-off rate.

## How to approach patients for feedback for your MCC 360

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

Your package from MCC includes a letter you can hand out, or use a simple verbal introduction. You could simply ask: *Would you be willing to offer feedback about your experience today, because it will help me improve the care I provide? Would that be okay?* And if they agree: *Thank you. You can complete the survey on your smartphone using this url/QR code... (...or using this paper survey, if you are distributing those).*

### What if a patient has a language barrier or literacy challenges?

In these situations, it is appropriate to approach whomever is helping your patient to navigate their care, be it a family member, friend, or caregiver.

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

Patients should first understand that the survey is voluntary. Also, the MCC 360 is designed to keep feedback responses anonymous. All patient survey responses will be grouped together and compiled in a report before you see them. The survey does not ask for the patient's name or their personal health information — only about the quality of care they have received.

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

In general, more surveys are completed within the care visit than are sent in afterwards. If possible, encourage patients to complete the online survey on their smartphone, shortly after the appointment.

Some approaches that have been successful include:

- Priming the patient by explaining the survey when you first introduce yourself and/or begin to provide care;

- Having an administrator explain the survey during intake. In this case, it is important that the patient understand the survey is specific to the care you provided; and
- Making the request when closing the patient encounter or booking a follow-up appointment.

**Tips from the field:** Some medical staff choose to write the survey url/link on their appointment or business card. Others have offered printed instructions to patients as part of their intake or discharge materials.

### How will patients distinguish my contribution to their team-based care?

It is understood that the patient experience is impacted by many factors, and it will not always be possible for a patient to clearly single out your care. To mitigate this reality you may choose to solicit feedback specifically from:

- Patients with whom you have had the most interaction and have therefore built a stronger therapeutic relationship; and
- Patients for whom you have had an impactful role (for e.g., being the on-call team member to deliver a patient's baby).

### What if my patients are under stress or have impacts on capacity?

In urgent care settings, or when patients receive anesthesia, you may have limited interactions for the assessment. However, the MCC patient surveys are designed so that any patient will be able to give some feedback, even from a single interaction with you. If a question isn't relevant for their particular visit, the patient may answer "unable to assess."<sup>2</sup>

In these situations, consider if there is some aspect your care that the patient can reflect on. If the patient has not engaged with you directly, they may not be a good candidate for feedback.

**Tips from the field:** One anesthesiologist in the 2021 cohort enlisted the help of their MOA to distribute surveys to the patients. In this instance, the physician noted that demonstrating appreciation goes a long way.

### Will targeting my feedback requests create bias in the results?

There are good reasons to consider how and when to solicit patient feedback. You should not let perceived bias prevent you from forming a strategy that is appropriate to your care scope and setting. The best way to counter any potential bias is to reach or exceed your target 25 responses, ensuring the richness of your report.

2 "For Physicians FAQs," [mcc.ca/assessments/mcc360/for-physicians/faqs/](https://mcc.ca/assessments/mcc360/for-physicians/faqs/).



**MSPE** Medical Staff  
Practice Enhancement

