Guidance for seeking patient multi-source feedback in the peri-operative period

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The Royal College of Anaesthetists

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Guidance for seeking patient multi-source feedback in the peri-operative period

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Guidance for seeking patient multi-source feedback in the peri-operative period

Contents

Introduction

Principles

Principle 1  Consider adopting a co-ordinated departmental approach to obtaining patient feedback  7

Principle 2  Prepare the patient  7

Principle 3  Use a third party to administer the patient MSF process  8

Principle 4  Identify an appropriate time-period during the peri-operative period to seek patient feedback and complete questionnaires  8

Principle 5  Ensure that patients are able to identify the anaesthetist on whom their feedback is sought  9

Principle 6  Consider surrogates to provide patient feedback  9

Principle 7  Ensure anonymity for the patient  9

Principle 8  Provide support in administering the patient MSF process for doctors  10

Principle 9  Recognise that for anaesthetists the patient MSF process might take considerably longer to complete compared to other specialty groups  10

Principle 10  Seek support to help deal with issues which arise  10

Collecting patient feedback – examples

Example 1  Consultant Anaesthetist: In-patient practice including paediatrics  11

Example 2  Consultant Anaesthetist: Postal return  11

Example 3  Trust Revalidation and Appraisal Lead  12

Members of the Patient Multi-source Feedback Panel  14
Guidance for seeking patient multi-source feedback in the peri-operative period

Introduction

In February 2012, the Royal College of Anaesthetists (RCoA), together with the Faculty of Intensive Care Medicine (FICM) and Faculty of Pain Medicine (FPM), released a position statement recommending that, for the purposes of revalidation, all anaesthetists should try to obtain individualised patient feedback through generic (i.e. applicable for use by doctors across medical specialties) 360-degree or multi-source feedback (MSF) questionnaires.† The position statement also recognised that for anaesthetists with responsibility for peri-operative care, there are a number of issues relating to the administration of the patient MSF process, selection of patients and timing of distribution and completion of questionnaires.

The RCoA Working Group on Colleague and Patient Feedback has sought to provide guidance on how anaesthetists and their staff could address some of these issues. Members of the working group, representatives from the RCoA Patient Liaison Group and a commercial MSF service provider were invited to a panel meeting, where a mini-Delphi technique was employed to explore the barriers faced by anaesthetists and identify some possible solutions. The full report of the panel meeting can be found in the revalidation section of the College website (www.rcoa.ac.uk/revalidation).

The solutions identified by the Panel have been published as a set of principles in this guidance document. We have taken this approach because we recognise that anaesthetists work in a variety of different circumstances and environments, and to provide specific guidance for all situations would be too big a task in the time period allowed. One of the main recommendations from the Panel is that, due to the nature of their work, it is important for

† Individualised patient feedback for revalidation: a position statement from the Royal College of Anaesthetists, Faculty of Intensive Care Medicine and Faculty of Pain Medicine. RCoA, 2012 (www.rcoa.ac.uk/node/2305).
Guidance for seeking patient multi-source feedback in the peri-operative period

anaesthetists to think about and plan an approach before collecting patient feedback if the exercise is to be successful. The principles in this guidance aim to assist in this thinking and planning process.

Finally, members of the Panel, as well as the RCoA, FICM and FPM Joint Revalidation Delivery Committee, were asked to submit examples of how they collected, or organised the collection, of patient feedback which employed some of these principles. These examples are provided towards the end of this guidance document. We are looking to expand on this knowledge base, so if you do have any examples to share – perhaps your own based on how you went about collecting patient feedback – please send them to revalidation@rcoa.ac.uk and we will publish them on the College website.

Dr Ramani Moonesinghe
Chair of the RCoA Working Group on Colleague and Patient Feedback
Guidance for seeking patient multi-source feedback in the peri-operative period

**Principles**

**Principle 1**
**Consider adopting a co-ordinated departmental approach to obtaining patient feedback**

Systems may be developed which are more efficient for the service, where all anaesthetists in a department undertake to seek patient feedback at the same time. The ward or clinic administrator, or another third party, may be used to distribute questionnaires to all patients. The previously published RCoA ‘Guidance on Colleague and Patient Feedback for Revalidation’ recommends that all anaesthetists within a department should use the same MSF instrument; adherence to this recommendation should enable a co-ordinated departmental approach to seeking patient feedback.‡

**Principle 2**
**Prepare the patient**

Patients undergoing elective surgery should be informed in advance that they might be asked to complete an MSF questionnaire on their anaesthetist and the reasons why. This notification could be included in the pre-admission information packs sent by hospitals.

Suggested wording that can be used:

‘During your visit you may be asked to complete a feedback questionnaire about your anaesthetist. This is to help the anaesthetist continuously improve their patient care. We would be grateful for your assistance.’

‡ Guidance on colleague and patient feedback for revalidation. RCoA, London 2011 (www.rcoa.ac.uk/node/1956 pg 7; 1.1c and 1.1d).
Principle 3
Use a third party to administer the patient MSF process
Ideally, the anaesthetist should not have knowledge of the individual patients selected to provide feedback. A third party administrator (e.g. clinic administrator or ward clerk) should be used to administer the distribution of questionnaires to patients. This will avoid patients being put under pressure to provide the ‘right’ responses or the possibility of doctors selecting just those patients they think will provide favourable feedback. The questionnaire should feature a photograph of the anaesthetist to help the patient identify, or confirm, who he or she is providing feedback on (see Principle 5), and also include the anaesthetist’s name, so that the individualised feedback can be collated later.

Principle 4
Identify an appropriate time-period during the peri-operative period to seek patient feedback and complete questionnaires
There are a few time-periods during a patient’s peri-operative period when MSF may ideally be sought. These include:

1. For in-patients admitted on day of surgery: after the pre-operative consultation with the anaesthetist.
2. For day-surgery patients: just prior to hospital discharge.
3. Post-discharge, using a postal return system.

Immediately after surgery, when a patient is under the influence of an anaesthetic, in recovery or critical care, is not regarded as an opportunity to obtain patient feedback.
Guidance for seeking patient multi-source feedback in the peri-operative period

**Principle 5**

**Ensure that patients are able to identify the anaesthetist on whom their feedback is sought**

Patients will see a large number of doctors, nurses and administrators during the peri-operative period. It is important that patients are able to accurately identify the anaesthetist who spoke to them and on whom the feedback is sought, particularly in the case of patients on a list where two anaesthetists work together. Employing measures such as ensuring that a photograph of the anaesthetist is on the questionnaire, or is displayed on a notice board in the ward or clinic area may help with this. Third party administrators may be able to assist the patient in identifying the anaesthetist who saw him or her, e.g. by checking anaesthetic charts for the identification of the doctor who completed the pre-operative assessment.

**Principle 6**

**Consider surrogates to provide patient feedback**

An obvious example is in paediatrics, where parents or adult carers can be approached to provide feedback on an anaesthetist (although older children who are patients may be approached directly).

**Principle 7**

**Ensure anonymity for the patient**

Response deposit boxes should be made readily available for patients to submit completed questionnaires in sealed envelopes. By providing such mechanisms patients should be reassured that their feedback will remain anonymous and therefore encouraging the provision of honest, reliable and valid responses about a doctor’s interpersonal and communication skills. It will also minimise opportunities for tampering or temptation by some doctors (or their colleagues) to discard any completed questionnaires with unfavourable responses. The envelope should have on it the name of both the anaesthetist and his or her appraiser, and should be returned with the completed questionnaire enclosed to the appraiser. This, in turn, should be forwarded on to the MSF provider for collation and analysis.
Guidance for seeking patient multi-source feedback in the peri-operative period

Principle 8
Provide support in administering the patient MSF process for doctors
It may be necessary for organisations to select a member of staff to co-ordinate the patient MSF process on behalf of all the doctors within that organisation. Distributing and explaining the purpose of the questionnaires to patients, collecting the completed copies from response deposit boxes, and collating the results for analysis, are time-consuming tasks. This work will intensify when revalidation is launched and all doctors are required to collect patient feedback as one of the requirements.

Principle 9
Recognise that for anaesthetists the patient MSF process might take considerably longer to complete compared to other specialty groups
The nature of practice in anaesthesia means that there are limitations in regard to time-periods in which questionnaires can be distributed and which patients can be selected to take part in an MSF exercise. If the minimum response rate for a patient MSF instrument is to be achieved (34 completed questionnaires in the case of the GMC’s instrument, although somewhat less for some of the commercial providers), for an anaesthetist it has to be recognised that it could take several months or even a year. The RCoA undertakes to present this case to the major commercial providers and to the GMC.

Principle 10
Seek support to help deal with issues which arise
The RCoA is committed to supporting anaesthetists collect patient feedback, and the RCoA’s Patient Liaison Group have expressed their desire to see this process succeed. If you have queries regarding the processes involved, please contact us at revalidation@rcoa.ac.uk.
Collecting patient feedback – examples

Example 1

Consultant Anaesthetist: In-patient practice including paediatrics

I have successfully managed to obtain patient feedback from my mixed adult and paediatric practice, both in the NHS and independent sector, using a generic MSF questionnaire. The nursing staff were asked to distribute the questionnaire to patients (or parents of children) very soon after I had conducted my pre-operative visit, so that the visit and my engagement with patients was still fresh in their minds. Nursing staff were asked to select at random 75% of the patients on the list (to minimise selection bias from me), distribute and then collect the completed questionnaires. These were then handed to me in a sealed envelope which I, in turn, handed to my appraiser. I managed to collect 25 completed questionnaires (including ten from paediatric cases) over a two-week period which was representative of the scope of my practice. My appraiser, who provided a summary of the feedback at my appraisal, thought it a manageable process, as I was the only appraisee of his to complete a patient MSF exercise in this appraisal round and the number of completed questionnaires was relatively small to collate and summarise.

Example 2

Consultant Anaesthetist: Postal return

I have successfully organised a patient MSF exercise relating to my anaesthetic practice – consisting of a mixture of in-patients and out-patients. The approach I adopted is as follows:

I collected the mailing labels (name and home address details) for 30 consecutive patients, from theatre lists and specialties including those in my private practice. The mailing labels were used by a secretary in the hospital to post a personalised letter from me accompanied by a generic paper-based
patient MSF questionnaire. The letter explained that I was taking part in a patient feedback exercise, the reasons why, and asked for assistance in this process. It was made clear that I was not going to have direct access to any of the questionnaires when completed and returned. Included with the letter was a pre-paid reply envelope, addressed to the secretary (i.e. the completed questionnaires were not returned to me). Of the 30 patients asked to take part, 27 responded. The completed questionnaires were sent to the commercial MSF service provider for collation and to produce a detailed MSF report which was forwarded on to me.

The postal option is, I feel, an appropriate technique because it is straightforward to manage, capable of working for day-case patients, likely to succeed in terms of patients responding and did not make use of staff time, who are already very busy, in distributing and collecting questionnaires if done in the hospital. It was also entirely independent of ward, theatre and other staff (except the secretary who posted the letters and questionnaires). I was out of the loop for the data collection, receipt of completed questionnaires and analysis of feedback. I simply provided the mailing labels for the 30 consecutive patients.

Example 3
Trust Revalidation and Appraisal Lead
Our experience of organising the collection of patient MSF for anaesthetists in different clinical environments in the Trust is as follows:

Anaesthetic led pre-operative assessment clinics
The process was co-ordinated by the revalidation manager. Clinic clerks were asked to distribute the questionnaires and to invite patients (after an explanation of the purpose) to complete them before they left the clinic area. This seemed to have worked quite well because the anaesthetist was usually the last hospital staff member (after the clinical nurse specialist, phlebotomist, etc) the patient encountered at this stage. A chair and table, equipped with pens, was made available so that the patient could sit in some
privacy to complete the questionnaire. After completion the patient placed the questionnaire in a clearly identified deposit box, which was collected later on by the revalidation manager and forwarded to the commercial MSF service provider.

**Surgical forward wait areas**
The surgical forward waiting areas are attached to each theatre suite. Patients are asked to report there and wait to be seen by both the anaesthetist and surgeon, before changing and going through to the nearby theatre. There are eight waiting rooms, four each for men and women, which provide a degree of privacy for patients when invited, by nursing staff, to complete an MSF questionnaire. The completed questionnaires are placed in an identified deposit box for collection later on by the revalidation manager.
Guidance for seeking patient multi-source feedback in the peri-operative period

Members of the Patient Multi-source Feedback Panel

**RCoA Patient Liaison Group representatives**
- Mrs Irene Dalton (PLG Chair)
- Mr Peter Rees (PLG representative on the RCoA Working Group on MSF)
- Mr David Hepworth (PLG representative on the RCoA Joint Revalidation Delivery Committee)

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Guidance for seeking patient multi-source feedback in the peri-operative period

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