SHORT REPORT

360° feedback for emergency physicians in Singapore

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Emerg Med J 2007;24:574–575. doi: 10.1136/emj.2007.047530

Objectives: To determine if emergency physicians (EPs) are ready to accept 360° feedback, and agreement between self and colleagues' assessment in a 360° feedback for EPs.

Methods: Self-administered questionnaire to determine acceptability of 360° feedback (n=43). Each EP completed the Physician Achievement Review self-assessment and approached five colleagues to complete an assessment for him/her.

Results: Thirty-one responded: 77.4% preferred to select their appraisers, 90.3% wanted feedback to be confidential, 58.1% would share feedback with supervisors, but only 35.5% would link feedback to remuneration. Colleagues rated EPs' holistic management, humanistic aspects and patient communication, and professional relationship with colleagues as weak domains, weaknesses which EPs were only partially aware.

Conclusions: EPs would accept 360° feedback provided that they selected their appraisers and results were confidential. Colleagues reported that EPs were weak in "soft" and system skills.

The term "360° feedback" refers to an assessment process in which individuals evaluate themselves and receive feedback from supervisors, peers, subordinates and customers.^{1–}

³ The National Health Service has endorsed the 360° global rating for assessment of areas such as relating to and advocacy for patients, relating to colleagues, etc.⁴ In Singapore, 360° feedback has only been conducted for a small group of top physician-managers. This study seeks to determine if emergency physicians (EPs) would accept such feedback and to determine agreement between self and colleagues' assessment in a 360° feedback for EPs.

METHODS

Between 11 March 2005 and 13 April 2005, all EPs practising in public hospitals in Singapore were approached. An anonymous self-administered questionnaire was used to determine readiness to accept 360° feedback. Each EP was requested to complete the Physician Achievement Review (PAR) Episodic Care Instrument from the College of Physicians and Surgeons of Alberta⁵ and to approach five colleagues whose opinion they valued to provide feedback. The PAR contained 30 behaviour statements (relating to clinical competence, holistic management of patients, humanistic aspects and patient communication, personal professional management and professional relationship with colleagues) and used a five point Likert rating scale (1 = among the worst, to 5 = among the best compared to other EPs). The study institution review board granted ethical approval.

RESULTS

Forty-three out of 50 EPs were approached. Thirty-one (62% of all EPs in Singapore) responded (20 men, mean age 36 years). The majority (93.5%) agreed that colleagues were the best

people to provide feedback, not just supervisors. If implemented, 77.4% preferred to choose their appraisers personally and 19.3% would object if appraisers were selected for them. The majority (90.3%) also wanted feedback to be confidential, 58.1% would share findings with a supervisor to improve performance, but only 35.5% would link feedback to remuneration.

All agreed that clinical competence was EPs' strongest domain. EPs rated holistic management as their weakest but colleagues rated EPs equally weak in three domains: humanistic aspects and patient communication, holistic management, and professional relationship with colleagues (table 1).

DISCUSSION

Almost two-thirds of EPs in Singapore were open to feedback from subordinates, peers and non-physician colleagues, in contrast to the cardiothoracic residents reported by Higgins *et al.*⁶ However, this openness was conditional in that the EPs preferred to select their appraisers, they wanted the results to be confidential, and only half were prepared to share results with their supervisors. The EPs' preference to select their appraisers reflects perceived competence of appraisers⁷ and influences perceived validity and trustworthiness of the feedback. While some reports contended that results were not affected by how appraisers were chosen,^{1–3} clearly the acceptability of the results would be affected. The reluctance of the EPs to link feedback to remuneration supported the suggestion that 360° feedback was more suitable as a developmental and improvement tool, and should not be linked to remuneration.^{3 6–8}

Colleagues perceived that EPs were weak in domains that encompass "soft" skills, weaknesses that the EPs were only

Table 1 Differences between self and colleagues' assessment of the domains

Domain	Self-assessment Mean (SD) (range)	Colleagues' assessment Mean (SD) (range)
Clinical competence	3.97 (0.52) (3–5)	4.3 (0.4) (3.11–4.88)
Humanistic aspects and patient communication	3.93 (0.56) (2.4–5)	4.17 (0.36) (3.24–4.96)
Professional relationship with colleagues	3.91 (0.48) (3–4.71)	4.19 (0.39) (3.05–4.91)
Personal professional management	3.77 (0.46) (3–4.43)	4.24 (0.47) (2.19–4.79)
Holistic management of patients	3.75 (0.55) (2.6–5)	4.18 (0.37) (3.2–4.84)

Abbreviations: EPs, emergency physicians; PAR, Physician Achievement Review

partially aware. The national training committee needs to reinforce training for these “soft” skills to ensure that EPs will continue to improve in overall professional competence. Several authoritative medical organisations have endorsed 360° feedback as an appropriate method to assess humanistic and system skills, and professionalism,^{4,5,9} and in this study it has performed well.

ACKNOWLEDGEMENTS

The author is grateful to the College of Physicians and Surgeons of Alberta, Canada for use of the Physician Achievement Review. The author thanks the emergency physicians and their colleagues who participated in this study.

Competing interests: None declared

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Accepted 18 May 2007

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