

A 360° Look at 360° Evaluation

No matter the stage of a junior doctor's (JD) practice, it is common to be evaluated to gauge our growth and improve our performance. Over the years, multisource feedback, also known as 360-degree (360°) evaluation, has been increasingly adopted as an evaluation tool in the medical field. But what are the merits of 360° evaluation, and what is it like to participate in it as the evaluator or the evaluated? In this article, we invite doctors from opposite ends of the evaluation process to share with us their thoughts on 360° evaluation and its worth.

Text by Dr Caleb Luo Yang

The 360° evaluation was originally developed for the corporate industry. These days, it is widely employed in the assessment of JDs soft skills, such as professionalism, teamwork, and interpersonal and communication skills. This evaluation gathers feedback from multiple sources, as opposed to the traditional assessment that only involves a senior supervisor who may not always be present during each of the JD's encounters with patients and colleagues. This multisource evaluation caters for different perspectives (including those from nurses and patients), providing a more holistic reporting of the JD's performance.

I always get a jittery feeling when it comes to evaluations. As a JD, there are multiple evaluations required during different stages of training. A house officer undergoes monthly supervisor assessments and receives anonymous feedback on work performance from senior doctors, peers and nurses. As he/she progresses on to become a medical officer or junior resident, evaluation starts to differ based on his/her institution and place of practice. There is a standardised six-monthly appraisal form used across the board and the evaluation made will be benchmarked against one's peers to determine the JD's yearly increment and bonuses.

Much literature to date supports the use of the 360° evaluation tool for JDs. There are significant inter-rater differences

between groups of evaluators, suggesting the value of including nurses and patients in such evaluations.^{1,2} Interestingly, a study found that senior doctors tend to be less comfortable in giving negative written feedback, which could possibly explain the grading variance.³ From my experience, the 360° evaluations were scored on a Likert scale, with a generally positive grading scored across different domains. While it is encouraging to note the areas that were done well during the posting, feedback on areas that require improvement are just as important. One way to encourage open and targeted feedback from evaluators could be to emphasise the formative nature of such assessments.

As a junior resident, many of my postings required undergoing 360° evaluations, and submissions were done through physical or electronic forms. What I found useful to supplement the evaluations were the scheduled meetings with posting supervisors who may also have collected informal verbal feedback from colleagues. These provided further insights into my work performance and helped me to develop my future learning goals. As a JD, feedback from evaluators who know us well or with whom we have interacted for a long period of time provides more value. Often, we find ourselves selecting our evaluators as it is not always easy for the administrative team to identify the appropriate colleagues or patients whom we have

encountered. This could contribute to a certain degree of selection bias as well.

While the 360° evaluation allows for a multi-perspective assessment, the ultimate aim of this tool is to effect a positive behavioural change in JDs across their soft skill domains. Besides the targeted feedback from evaluators, JDs have the responsibility to identify the areas needing improvement and possibly, with guided facilitation from supervisors, effect the positive change.

References

1. Chandler N, Henderson G, Park B, et al. Use of a 360-Degree Evaluation in the Outpatient Setting: The Usefulness of Nurse, Faculty, Patient/Family, and Resident Self-Evaluation. *J Grad Med Educ* 2010; 2(3):430-4.
2. Brinkman WB, Geraghty SR, Lanphear BP, et al. Evaluation of resident communication skills and professionalism: a matter of perspective? *Pediatrics* 2006; 118(4):1371-9.
3. Cousar M, Huang JJ, Sebro R, Levin D, Prabhakar H. Too Scared to Teach? The Unintended Impact of 360-Degree Feedback on Resident Education. *Curr Probl Diagn Radiol* 2020; 49(4):239-42.

Dr Luo is a junior doctor who joined the workforce during the height of the COVID-19 pandemic. He is trying his best to juggle doctoring and having a life outside of medicine. He aspires to explore the world one day with his skateboard.





Text by Dr Deborah Khoo

First, let me qualify that it was not too long ago that I was on the receiving end of evaluation as a JD. However, it was sufficiently long ago that the how, on what and by whom I was being evaluated was pretty much a matter of guesswork based on trying to catch hints from my seniors' passing remarks, worrying that I had somehow rubbed someone the wrong way. Then came the transition to the residency programme and with it, a higher level of education accountability, along with a mind-boggling suite of key performance indicator tracking, various performance indicators, milestones, entrustable professional activities, and yes, multisource feedback, sometimes called 360° evaluation.

The truth is, being evaluated at some level... **never stops**. As soon as you exit residency, you are welcomed to the world of total performance management, be it in clinical, education, research or administration aspects or in some other form. Even outside the restructured hospital system, the profit line, patients, co-workers and Google reviews become the ultimate system of multisource feedback, and a rather unforgiving one at that.

What can we do then? We are better with the checks and balances of a 360° mirror, compared to the alternative of being completely without. That said, beyond the scores and numbers, the fact that a resident is spoken well of by the OT attendant for being kind and polite warms my craggy programme director heart as much as residents passing milestone examinations or getting their papers published. Or knowing that a resident took over a call on short notice to help a sick teammate

because said teammate would have done the same for him/her. Or knowing that a resident worked collegially with the much-tortured "roster monsters" and leave planners despite the stretched manpower.

The key difference then, looking from this side of the evaluation fence, is that 360° evaluations must be done with kindness and transparency, and with an honest desire to positively influence the trajectory of this younger colleague's career (because the adage is true – they might someday be treating me as a patient). Creating the right environment for 360° evaluations is a tricky thing. When done right, it can be a powerful tool to move individuals and teams forward, and even improve patient satisfaction and care. It acknowledges strengths, while avoiding lowering of standards or sugarcoating deficiencies. This requires self-motivation, trust, openness, fairness, social support, commitment from upper management, and a bearable workload. Both the evaluator and evaluated need to see the whole process with not-too-jaded lenses, and common standards of evaluation need to be recognised to ensure equity and consistency. The assessment should also never end with just the 360° score, but should be followed through with reflection, actionable growth goals, and sometimes a good heart-to-heart talk over a drink. All of this, while remembering that we are together navigating a complex and shifting healthcare landscape of patient care, clinical and academic demands, manpower constraints, and rising costs of living.

Have we achieved this environment yet? Most definitely not. The 360° evaluation and feedback loop for house

and medical officers, resident physicians and fellows is not quite as robust as it could be. Even for residents and faculty, it is a constant work in progress. But we will and we must keep going, making little changes so that at the final 360° on life, we can be satisfied with what has been said and done. ♦

Dr Khoo is a senior consultant anaesthesiologist at the National University Hospital. In her not-so-spare time, she serves as the National University Health System anaesthesiology residency programme director. She would like to thank her residents for teaching her much about being an educator and reminds them to trigger their 360°s on MedHub.



As Dr Khoo shares, being evaluated never stops. Have your own experiences with evaluation been similar? Do these two accounts resonate with you, or do you have a different perspective on evaluation? If you would like to share your thoughts on this topic, please reach out to us at news@sma.org.sg.

