NL360+: A Multisource Feedback & Peer-Coaching Pilot Program

Final Evaluation Report

Submitted to:

The College of Physicians and Surgeons of Newfoundland and Labrador

Submitted by:

The Office of Professional & Educational Development (OPED)
Faculty of Medicine, Memorial University

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MEMORIAL UNIVERSITY

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Executive Summary

In November 2018, the Office of Professional & Educational Development (OPED), Faculty of Medicine, Memorial University received an unrestricted educational grant from the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) to design, develop, pilot, and evaluate a Quality Improvement (QI) program for Newfoundland and Labrador (NL) physicians - **NL360+: A Multisource Feedback & Peer-Coaching Pilot Program**. The purpose of this program was to provide physicians in the province with a voluntary opportunity to participate in, and evaluate, a pilot multisource feedback and peer-coaching experience.

The initial timeline for completion of pilot program delivery and evaluation was December 2020. However, the COVID-19 public health emergency caused significant delays in the matching of participants and peer-coaches and subsequently, the coaching sessions. The process continued to move forward and a preliminary evaluation report was submitted to the CPSNL in December 2020. The NL360+ pilot program closed in June 2021.

Program Model

The NL360+ Program model consists of:

- Completion of the Medical Council of Canada (MCC) 360.
- Two peer-coaching sessions
- Development and implementation of a personal learning/action plan.

During the 1st peer-coaching session, participants review their MCC 360 report with their peer-coach and discuss development of a personal learning/action plan. During the 2nd peer-coaching session (approximately 6 months after the 1st session), participants review implementation of the personal learning/action plan with their peer-coach, discussing their successes and/or barriers to implementation.

Certification/accreditation for this program was secured by the MCC. Completion of the MCC 360 program requirements through NL360+, including MSF, report review and reflection, and two coaching sessions, enabled NL360+ participants to claim up to 15 credits via:

- The Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Program under Section 3: Multi-source feedback (MSF) for 3 credits per hour, up to 15 credits.
- The College of Family Physicians of Canada (CFPC). This 3-credits-per-hour Assessment program was also certified by for up to 15 Mainpro+ credits.

Pilot Implementation

The NL360+ pilot program was guided by an Advisory Committee consisting of OPED faculty and staff, physicians, and stakeholders. OPED consulted with Memorial University's Information Access and Privacy (IAP) Office and the Office of General Counsel to review and finalize an agreement with the MCC to access the MCC 360. OPED also developed a customized web portal by which participants could register for the program, access their MCC 360 reports, and schedule their coaching sessions via a coaching calendar. Training was provided to peer-coaches via multiple certified/accredited educational sessions.

Pilot Participation/Completion

- N=34 Physicians:
  - n=16 family physicians
  - n=18 specialists

- N=13 Peer-Coaches:
  - n=3 family physicians
  - n=10 specialists

The overall completion statistics as of June 30th, 2021 are as follows:

NL360+ Program Completion

Program Components	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
MCC 360 Process	16	100%	18	100%	34	100%
One Coaching Session	2	12.5%	6	33.3%	8	23.5%
Two Coaching Sessions	12	75.0%	10	55.6%	22	64.7%
No Coaching	2	12.5%	2	11.1%	4	11.8%

Pilot Evaluation & Environmental Scan

- Mixed-Methods Evaluation Design:
  - Pre/Post-Program Assessment (Participants)
  - Evaluation Survey (Participants)
  - Interview/Follow-up Survey (Participants & Peer-Coaches)

- Literature Review & Environmental Scan:
    - Rapid review of the peer-reviewed literature to identify studies which explored the characteristics associated with the success and sustainability of MSF and/or peer-coaching.
    - An environmental scan of similar physician programming delivered by other Medical Regulatory Authorities (MRAs) across Canada to inform recommendations for the future implementation and sustainability of NL360+

Key Themes

- National organizations, such as the Federation of Medical Regulatory Authorities of Canada (FMRAC), the RCPSC, the CFPC, and the Committee on Accreditation of Continuing Medical Education (CACME), as well as provincial MRAs, support the development and implementation of strategies and resources related to physician self-assessment and self-learning. The RCPSC and the CFPC require and encourage physicians to engage in such activities to maintain their respective CPD certification.

- While the COVID-19 public health emergency caused significant delays in the matching of participants and peer-coaches and subsequently, the coaching sessions, participation in, and completion of, the pilot program was high.

    - All N=34 participants (100%) completed the MCC 360.
    - Twenty-two (n=22) participants completed two coaching sessions.
    - Eight (n=8) participants completed one coaching session.

- Pilot evaluation respondents report significant improvement in their readiness for self-directed learning as related to several items, including: “I know what learning strategies are appropriate for me in reaching my learning goals”; “I know how to find resources for my learning”; “I understand the strengths and weakness of my learning”; and “I can evaluate on my own my learning outcomes”.

- Pilot evaluation respondents report overall satisfaction with NL360+ and specifically:

    - The MCC 360 report and how it enabled participants to reflect on what they do well in their practices and what they can improve.
    - The peer-coaching experience, including the need for a second session, as it was this session in particular which served as a reminder to participants to review their learning plan and as a result, created a sense of accountability in the process.

- The majority of pilot evaluation respondents report that participation in the NL360+ program influenced them to make changes in their respective practices.

Recommendations – Future Program Implementation & Sustainability

1. Continue use of the NL360+ Program Model (see page 38).

2. Increase Promotion of the Benefits of Program Participation (see page 38).

3. Establish a Pool of MD Peer-Coaches (see page 38).

4. Development of a Program Implementation Guide (see page 39).

5. Request Stakeholder Funding to Cover Operational Costs and Reduce and/or Eliminate the Per Candidate Fee (see pages 39-40).

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1.0 Background

The goal of continuing professional development (CPD) is to ensure that physicians possess the required knowledge, skills, attitudes, and abilities to maintain and enhance competence and improve performance within their professional roles (Campbell et al., 2010). The structure and aim of traditional CPD is shifting from the passive transmission of knowledge to a competency-based model focused on individual professional development (Moja & Kwag, 2015). Campbell et al. (2010) suggest that competency-based CPD is premised on a set of learning competencies, including the use of practice information to identify learning priorities, the use of tools and processes to measure competence and performance, and the development of action plans to enhance practice.

It is this premise which underlies the approach presented in the Federation of Medical Regulatory Authorities of Canada (FMRAC) position statement on *Physician Practice Improvement (PPI)* (Federation of Medical Regulatory Authorities of Canada [FMRAC], 2016). The PPI system supports physicians in using the principles of continuous quality improvement (QI) to assess their own practices via the concepts of:

- Understanding your practice;
- Assessing your practice;
- Creating your learning plan;
- Implementing your learning plan;
- Evaluating the outcomes (FMRAC, 2016).

In response to this position statement, several of the provincial medical regulatory authorities (MRAs) have established QI programs. In November 2018, the Office of Professional & Educational Development (OPED), Faculty of Medicine, Memorial University received an unrestricted educational grant from the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) to design, develop, pilot, and evaluate a QI program for Newfoundland and Labrador (NL) physicians - **NL360+: A Multisource Feedback & Peer-Coaching Pilot Program**. The purpose of this program was to provide physicians in the province with a voluntary opportunity to participate in, and evaluate, a pilot multisource feedback and peer-coaching experience.

The initial timeline for completion of pilot program delivery and evaluation was December 2020. However, the COVID-19 public health emergency caused significant delays in the matching of participants and peer-coaches and subsequently, the coaching sessions. The process continued to move forward and a preliminary evaluation report was submitted to the CPSNL in December 2020. The NL360+ pilot program closed in June 2021.

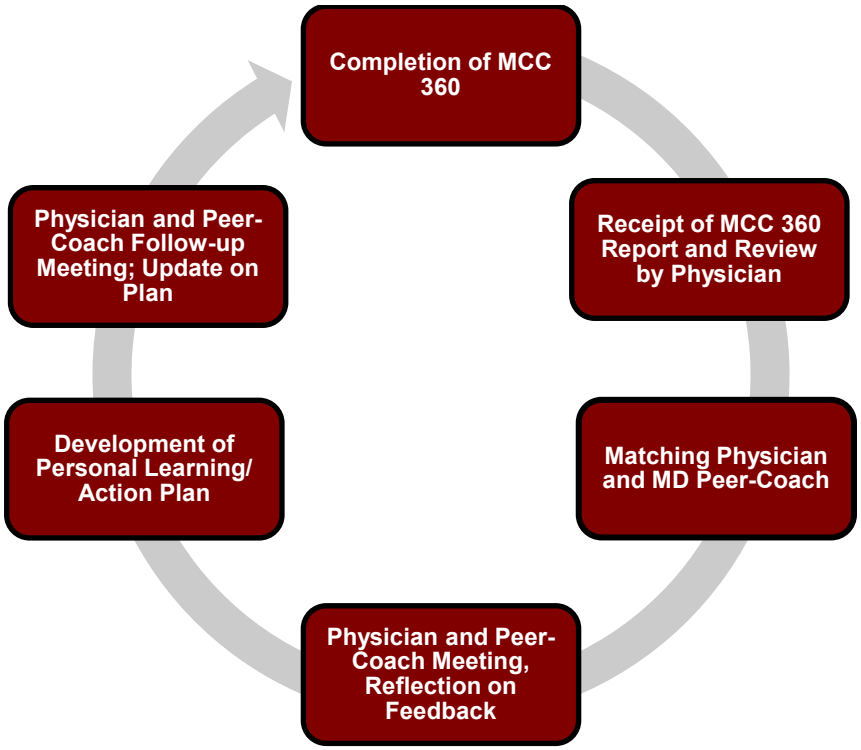
2.0 The NL360+ Pilot Program

2.1 Program Model

The NL360+ Program model consists of (**Figure 1**):

- Completion of the Medical Council of Canada (MCC) 360.
- Two peer-coaching sessions.
- Development and implementation of a personal learning/action plan.

Figure 1 – NL360+ Program Model



2.1.1 Medical Council of Canada (MCC) 360

Multisource feedback (MSF) or 360-degree evaluation has become a recognized method for assessing physician performance in practice. MSF tools are being used in North America and Europe across a number of physician specialties. Canada was the first country to introduce a MSF process as a viable approach to assessing physician performance. Typically, this feedback

is collected using surveys or questionnaires designed to elicit responses from various respondents (e.g., peers, coworkers, patients). Different respondents focus on characteristics of the physician that they can assess (e.g., patients are not expected to assess a physician's clinical expertise) and together provide a more comprehensive evaluation than what could be derived by any one source alone. The contribution of patients in assessing physician practice is generally underutilized and makes MSF data particularly unique. There are very few assessments used in medical practice where patients are a key contributor. Donnon et al. (2014) have shown that MSF is an effective method for providing feedback to physicians from a multitude of specialities about their clinical and nonclinical (e.g., professionalism, communication, interpersonal relationships, management) performance. The use of MSF employing medical colleagues, coworkers, and patients as a method to assess physicians in practice has been shown to have high reliability, validity, and feasibility (Donnon et al., 2014).

The MCC 360 (https://www.mcc.ca/assessments/mcc360/) is the MSF assessment tool designed by the MCC to assess the communicator, collaborator, and professional CanMEDS roles. These roles have been found suitable for assessment by MSF and are critical to patient safety. MCC 360 is best suited as a formative assessment tool (e.g., to provide assessment data to physicians for their learning and improvement). The process involves the completion of a self-assessment questionnaire by the participating physician, as well as the completion of surveys by a sample of physician colleagues, non-physician co-workers, and patients. Surveys are mainly completed online (paper copies are available for distribution to patients) and the results are collated when a statistically significant cohort have responded (response rate determined by MCC).

2.1.2 Peer-Coaching

Coaching is a strategy for focusing on the physician's own goal(s) for change and collaboratively creating an action plan for further development based on the performance data (Sargeant & Holmboe, 2017) and discussion of it. The coaching phase requires physicians to set goals for their identified change(s), consider barriers and enablers to the change and ways to address these, and identify metrics to determine success. A structured action plan is effective to guide the learning and change discussion, and the co-development and recording of the plan. Co-development of the plan is important for the physician to feel that they own it by making the major contribution, and for the coach to contribute their experience and knowledge.

The feedback and coaching model utilized for NL360+ applies the principles of the R2C2 evidence-based reflective model for providing feedback and coaching (Armson et al., 2019; Sargeant et al., 2015; Sargeant et al., 2018). The R2C2 model is comprised of four phases: Relationship, Reaction, Content, and Coaching. NL360+ peer-coaches were provided with

training related to the R2C2 model and their role as peer-coach in the program (**see Section 3.2.2**).

2.1.3 Personal Learning/Action Plan

Schweinfurth (2007) suggests that active engagement in self-planned learning activities tends to be more effective than passive learning. Lifelong learning involves finding and implementing solutions to everyday problems encountered in the clinic, emergency room, and operating room and on the wards. The process by which much of this education occurs is via self-directed learning (SDL). SDL is a process in which learners take the initiative, with the support and collaboration of others, for increasing self- and social awareness; critically analyzing and reflecting on their situations; diagnosing their learning needs with specific reference to competencies they have helped identify; formulating socially and personally relevant learning goals; identifying, choosing and implementing appropriate learning strategies; and reflecting on and evaluating their learning (Schweinfurth, 2007).

This component of the NL360+ model involves the physician and peer-coach establishing a personal learning/action plan. This plan will describe the key intended changes the physician intends to make over the next six to 12 months, including information about resources needed to support the changes, enablers and barriers, and what success will look like. Section 3 of participants MCC 360 reports includes a learning change or action plan which participants could use as a template during their peer-coaching session.

2.2 Program Management

2.2.1 Advisory Committee

The development of NL360+ has been guided by an Advisory Committee consisting of OPED faculty and staff, physicians, and stakeholders, with representatives including:

- Dr. Vernon Curran (OPED)
- Ms. Lisa Fleet (OPED)
- Ms. Cindy Whitton (OPED)
- Mr. Jamie Osmond (CPSNL)
- Ms. Lynn Barter (Newfoundland and Labrador Medical Association [NLMA])
- Dr. Pamela Snow (Family Physician)
- Dr. Gurmit Minhas (Family Physician)
- Dr. Jennifer Leonard (Specialist)
- Dr. Vicki Crosbie (Specialist)

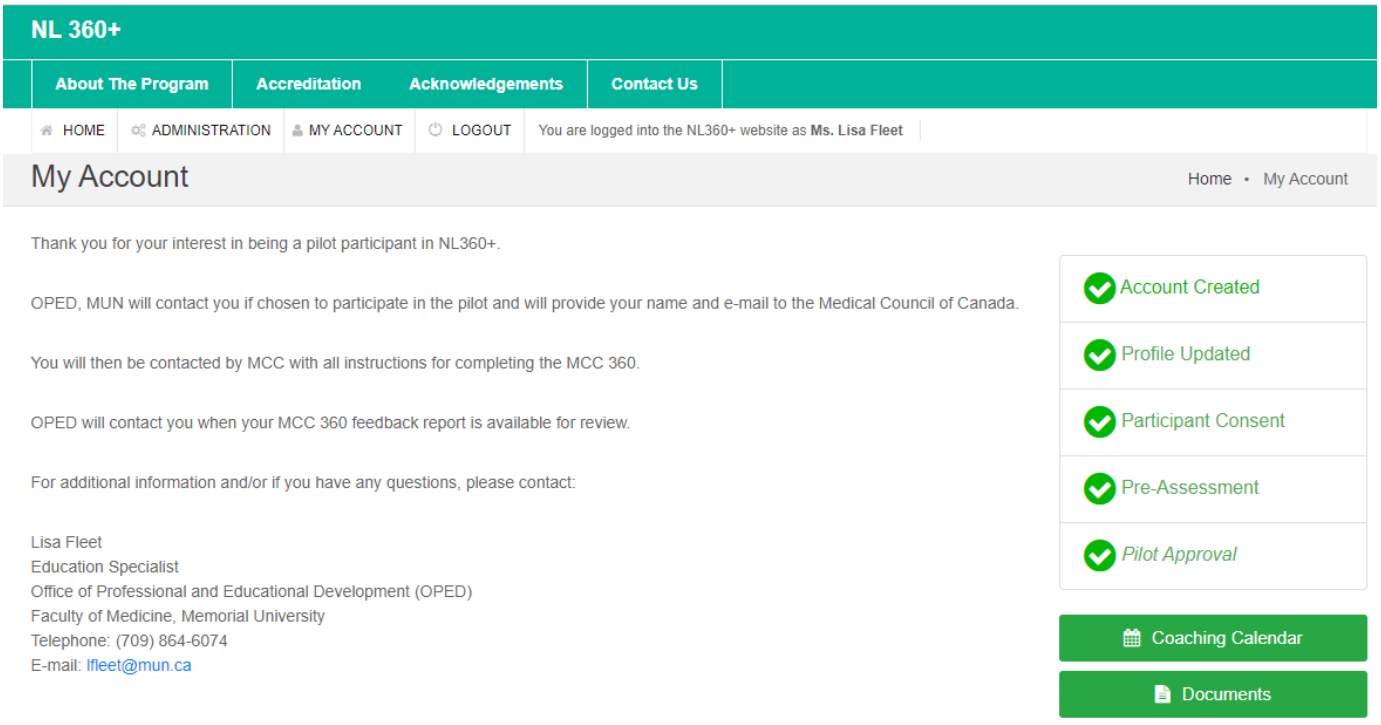
2.2.2 Memorial University Privacy/Legal Consultations

OPED consulted with Memorial University's Information Access and Privacy (IAP) Office and the Office of General Counsel to review and finalize an agreement with the Medical Council of Canada to access the MCC 360. In addition, both offices also reviewed the Consent and Responsibilities checklists (**Appendix A**) which were completed by participants and peer-coaches when they registered for the program.

2.2.3 Customized Web Portal

A customized web portal (https://www.med.mun.ca/nl360/) was designed and developed by OPED to support a variety of program implementation features (**Figure 2**).

Figure 2 – NL360+ Web Portal Screenshot



Registration:

Participants and peer-coaches were required to register via the NL360+ web portal. As part of the registration process, participants were required to complete a brief demographic questionnaire and a pre-assessment survey (described in more detail in Section 4.0). The registration process for peer-coaches also included a brief demographic questionnaire. Both

participants and peer-coaches were also required to complete the Consent and Responsibilities checklists as referenced above.

Upload of MCC 360 Reports/ Peer-coach and Participant Matching:

Once MCC confirmed that a participant's MCC 360 report was available, an OPED administrator downloaded the report from a secure MCC web portal and then uploaded it to the NL360+ web portal. Once a peer-coach and participant match was confirmed, an OPED administrator assigned the participant to the respective coach within the web portal. This enabled both the participants and the peer-coach to access the report via the Documents section within the web portal without having to send it via e-mail or other less secure methods.

Coaching Calendar:

Participants and peer-coaches were able to schedule their respective sessions via e-mail, telephone, or a Coaching Calendar available within the NL360+ web portal. Both coaches and participants were provided with access to the Coaching Calendar and could suggest a date/time. Once a date/time was suggested by one person, the other received an e-mail notification of a proposed session. To respond, you would log into the NL360+ website to accept the session or suggest another date/time.

2.2.4 Certification/Accreditation

Certification/accreditation for this program was secured by the MCC. Completion of the MCC 360 program requirements through NL360+, including MSF, report review and reflection, and two Coaching Sessions, enabled NL360+ participants to claim up to 15 credits via:

- The Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Program under Section 3: Multi-source feedback (MSF) for 3 credits per hour, up to 15 credits.
- The College of Family Physicians of Canada (CFPC). This 3-credits-per-hour Assessment program was also certified by for up to 15 Mainpro+ credits.

Each NL360+ participant who completed the program received a Certificate of Completion (**Appendix B**), which was also approved by MCC. Peer coaches received a Certificate of Participation and a Thank You Letter (**Appendix B**) which they could utilize for their teaching portfolios.

3.0 Program Delivery

3.1 Participant Recruitment

Participant recruitment for NL360+ launched in July 2019 with the goal of recruiting N=50 physicians from across the province (n=25 family physicians; n=25 specialists) to participate in the pilot program. Five rounds of recruitment took place between July and October 2019, starting with an Expression of Interest. Interested physicians were asked to complete a Qualtrics survey which would enable OPED to contact them directly when program registration was available. When program registration opened in August 2019, a modified recruitment flyer was distributed including the registration URL (**Appendix C**). Multiple strategies for distribution were utilized and included:

- NLMA
- Dean's Office, Faculty of Medicine, Memorial University
    - Distributed to Full and Part-time Faculty, as well as the Clinical Chairs
- OPED database
- OPED CPD Leads (Faculty members representing each of the clinical disciplines and who inform CPD programming from the discipline perspective)
- Vice-Presidents of the 4 Regional Health Authorities (RHAs)
- Family Practice Renewal Program, Family Practice Networks (FPNs):
    - Endeavor FPN (St. John's Metro Area)
    - Shalloway FPN (Central)
    - Long Range FPN (Western)
    - Contacts listed for the Rural Eastern FPN (was not established at the time)
- Rural Medical Education Network (RMEN), Faculty of Medicine, Memorial University Site Contacts for Eastern, Central, Western, and Labrador-Grenfell
- Discipline of Family Medicine, Faculty of Medicine, Memorial University Streams – Eastern, Central, Western, NorFam

3.2 Peer-Coach Recruitment and Training

3.2.1 Recruitment

Peer-Coach recruitment launched in October 2018 with the goal of recruiting N=10 clinical faculty (n=5 family physicians; n=5 specialists) who were interested in becoming peer-coaches for the pilot program. At that time, a recruitment flyer (**Appendix C**) was distributed via the Dean's Office, Faculty of Medicine, Memorial University. A second round of recruitment was conducted in January 2019, specifically focused on the recruitment of rural physician peer-

coaches. This recruitment flyer was distributed by the NLMA to all rural physicians in the province (i.e. outside the Northeast Avalon Peninsula).

3.2.2 Training

On November 26th, 2018, a face-to-face workshop was delivered to the initial group of peer-coaches by Dr. Jocelyn Lockyer, University of Calgary, who is an expert in multisource feedback, the R2C2 method, and has worked with MCC to research and enhance the MCC 360 program. Given all peer-coaches were unable to attend the 2018 session and in preparation for the coaching sessions during winter 2020, it was necessary to provide updated training to peer coaches in advance of the first participant coaching sessions. Two additional webinars were delivered as follows:

- January 14th, 2020 – An initial training session (webinar) facilitated by Dr. Jocelyn Lockyer for peer coaches recruited since the Fall 2018 session.

- February 13th, 2020 – A follow-up webinar facilitated by Dr. Lockyer and Dr. Shelley Howk (College of Physicians and Surgeons of Alberta) for all peer coaches as a refresher session and focusing on common challenges and dilemmas.

Each training session was certified/accredited by the CFPC and RCPSC, respectively. The learning objectives for each training session were as follows:

November 2018:

At the end of the workshop, participants will be able to:

- Provide an overview of the MCC360 program.
- Describe the 4-stage R2C2 model for facilitating feedback and coaching (building relationships, exploring reactions, exploring content, coaching for change).
- Practice the model using scenario cases and sample MCC360 reports.
- Critique model use and discuss related concerns and potential challenges they foresee in their own setting.
- Identify learning resources available for physicians in the communicator, collaborator and professional CanMEDs roles.
- Describe the logistical process and support in place in their organization for MCC360 feedback facilitation.

January 2020:

By the end of the webinar, participants will be able to:

- Review a MCC 360 report and identify areas of strength and opportunities for development.
- Describe the 4-stage R2C2 model for facilitating feedback and coaching (building relationships, exploring reactions, exploring content, coaching for change).
- Demonstrate they have used the model to co-create an action plan based on a MCC 360 report.
- Identify concerns and potential challenges they foresee in using the MCC 360.
- Describe learning resources available for physicians in the communicator, collaborator and professional CanMEDs roles.

February 2020:

By the end of the webinar, participants will be able to:

- Demonstrate that they have reviewed a sample report and identified the physician's areas of strength and opportunities for development.
- Identify concerns they may have related to facilitating a discussion with a physician and his/her MCC 360 report and associated data.
- Describe how they would approach an R2C2 facilitated discussion with the physician.
- Identify common challenges and/or dilemmas that they anticipate might be encountered in a facilitation and determine approaches they might take.
- Develop 'pearls' for successful review of MCC 360 report data and the co-creation of action plans.

The evaluation summaries for each peer-coach training session are available for review from OPED.

3.3 Participant and Peer-Coach Matching

The process of participant and peer-coach matching commenced once participants completed the MCC 360 process and their reports were available for download via the MCC web portal. The overall goal of the matching process was to match a participant with a peer-coach who may have familiarity with their practice environment (i.e. rural or urban, fee-for-service), patient population, etc., yet they do not work directly together and there was no perceived conflict of interest which could impede the coaching process.

Several criteria were identified to guide the matching process (**Table 1**) which was conducted by an OPED administrator.

Table 1 – Participant/Peer-Coach Matching Criteria

	Criteria
1	Review of participant and peer-coach demographic information, including: • RHA • Specialty • Practice location, i.e. rural versus urban, community versus hospital, etc. • Years in practice • Payment model, i.e. salary versus fee-for-service
2	Match participants with a peer-coach of the same specialty.
3	For specialists, consider sub-specialty, i.e. specialists in lab and psychiatry would have little in common in terms of their practices. Try to avoid the match of such pairs.
3	With the exception of St. John's, do not match participants/peer-coaches who practice in the same community.
4	With regards to St. John's, do not match participants/peer-coaches in the same department.
5	In terms of specialists, avoid matching in the same or related specialties which might interact frequently. This would include considering urban and rural specialists who may consult on a regular basis.

3.3.1 Process for Notification and Approval

As part of the initial program registration process, both peer-coaches and participants provided their consent for the OPED Administrator to share their names with their respective participants and coaches. Each participant and peer coach was contacted with the name of their assigned coach/participant and was provided with an opportunity to indicate if there was a current or previous conflict of interest (see sample agreements in **Appendix D**). Once coaching pairs were confirmed, each participant's MCC 360 Report and Tip Sheet were uploaded in the NL360+ website (only accessible by the participant and their peer coach). As well, a *Participant/Peer Coach Instructions & Expectations* document was provided to each participant and coach (**Appendix E**).

3.3.2 Matching Limitations

While this criteria was used as a guide, in reality, there were several limitations which impacted the OPED administrator's ability to match participants and peer-coaches in a way which always adhered to the above criteria. These limitations included:

- There were less family physician peer-coaches than specialist peer-coaches, yet an almost equal number of participants in both specialties. As well, a majority of the family physician coaches were urban (yet 9 family physician participants practiced in rural areas). The OPED Administrator therefore made the decision to move a rural specialist coach who practiced general internal medicine to the family medicine group.

- The low numbers in the pilot and the participants and/or peer-coaches who indicated they could not accept their identified match due to COI, etc. The OPED Administrator had to use subjective judgement at that point to find what appeared to be another appropriate match based on demographics. This resulted in several participants having a peer-coach from a different specialty (family physician with specialist peer-coach or vice-versa).

4.0 Final Program Participation & Completion Data

4.1 Participants

Demographic Information:

Thirty-four (N=34) physicians (n=16 family physicians; n=18 specialists) participated in the NL360+ Program. Some participant demographics are shown in **Tables 2-5**. The majority of participants (61.8%) practiced in the Eastern Health RHA, which would be consistent with provincial physician representation. As well, a majority of participants were experienced physicians, in practice between 6 and 20 years (n=24; 70.6%). Self-reported payment models showed a mix of fee-for-service and salaried physicians.

Table 2 – Participants' Regional Health Authorities (RHAs)

RHAs	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
Eastern Health	7	43.8%	14	77.8%	21	61.8%
Central Health	1	6.3%	3	16.7%	4	11.8%
Western Health	2	12.5%	1	5.6%	3	8.8%
Labrador-Grenfell Health	6	37.5%	0	0.0%	6	17.6%
Totals	**16**	**100%**	**18**	**100%**	**34**	**100%**

Table 3 – Participants' Population of Communities of Practice[1]

Population of Communities of Practice	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
Large Urban Population Centres	7	43.8%	14	77.8%	21	61.8%
Small Population Centres	9	56.3%	4	22.2%	13	38.2%
Totals	**16**	**100%**	**18**	**100%**	**34**	**100%**

Table 4 – Participants' Years in Practice

Years in Practice	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
< 5 years	3	18.8%	4	22.2%	7	20.6%
6-10 years	7	43.8%	8	44.4%	15	44.1%
11-15 years	2	12.5%	2	11.1%	4	11.8%
16-20 years	1	6.3%	4	22.2%	5	14.7%
>20 years	3	18.8%	0	0.0%	3	8.8%
Totals	**16**	**100%**	**18**	**100%**	**34**	**100%**

[1] As defined by Statistics Canada (2016). Large urban population centres - population of 100,000 or more; small population centres - population between 1,000 and 29,999.

Table 5 – Participants' Self-Reported Payment Models

Payment Models	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
Fee-for-Service	5	31.3%	8	44.4%	13	38.2%
Salary	8	50.0%	6	33.3%	14	41.2%
Other	3	18.8%	4	22.2%	7	20.6%
Totals	**16**	**100%**	**18**	**100%**	**34**	**100%**

Previous Experience:

As part of the registration process, pilot participants were asked to indicate any previous experience related to the program, specifically in terms of multisource feedback, peer-coaching (as a recipient and/or coach), and developing a personal learning/education plan. Eighteen (n=18) participants (52.9%) report previous experience with multisource feedback; 50.0% of participants report previous experience developing a personal learning plan. However, few participants report experience with peer-coaching, either as a recipient (23.5%) or as a coach (8.8%).

Motivations for Pilot Participation:

As part of the registration process, pilot participants were also asked to report on their motivations for participating in the pilot program. The majority of participants highlighted being motivated by the opportunity to reflect on, and improve upon, their respective practices. Some participants reported an interest in the 360 process, while some participants highlighted the availability of CPD credits as motivation. A summary of participants' comments included:

- Opportunity for reflection on practice and improvement:
  - *I want to know my weak and strong points in my practice and approach.*
  - *Reflection and continuous improvement.*
  - *Interested in formal feedback to aid in professional development.*
  - *Going into my 8th year in practice I think it's a good time to see how I'm doing and where I can improve.*
  - *Interested in self-reflection for practice improvement.*
  - *To improve my own skills.*
  - *Continuous personal improvement.*
  - *I felt a mid-career outside assessment of my practice was needed. I fear falling behind on current practices and a second look could be very helpful.*
  - *Physicians are committed to lifelong learning and there is always space for improvement.*

  - *Desire to improve upon my skills as a practitioner and colleague, specifically with respect to communication.*
  - *To learn how to give and constructively receive feedback.*
  - *Interest in improving my practice and learning from the valuable feedback of peer physicians.*
  - *I think it would be useful feedback as a person and as a professional.*
  - *Interested in creating a learning plan with peer coaching.*
  - *It seems interesting. I am keen to review my practice.*
- Interest in the 360 process:
  - *To learn more about this process.*
  - *I am interested in the 360 approach because I feel I get little feedback on my practice and leadership. No news is not always good news.*
  - *Interested in the feedback and coaching.*
- Availability of CPD credits:
  - *CME credits and interest in improving.*
  - *The opportunity for credits and it interested me.*
- Other feedback:
  - *Involved in teaching/mentoring.*
  - *I want to see how I can improve in my practice and teaching.*

4.2 Peer-Coaches

Thirteen (N=13) peer-coaches (n=3 family physicians; n=10 specialists) participated in the NL360+ program. Some peer-coach demographics are shown in **Tables 6-9**. Sixty-nine percent (69.2%) of peer-coaches reported practicing in large population centres; 30.8% in small population centres. As well, a majority of the peer-coaches were experienced physicians, in practice at least 16 years (53.8%). Self-reported payment models showed a mix of fee-for-service and salaried physicians, as well as physicians on other payment models.

Table 6 – Peer-Coaches' RHAs

RHAs	Peer-Coaches (FP)		Peer-Coach (Spec)		Total	
	N	%	N	%	N	%
Eastern Health	3	100%	7	70.0%	10	76.9%
Central Health	0	0.0%	1	10.0%	1	7.7%
Western Health	0	0.0%	2	20.0%	2	15.4%
Labrador-Grenfell Health	0	0.0%	0	0.0%	0	0.0%
Totals	**3**	**100%**	**10**	**100%**	**13**	**100%**

Table 7 – Peer-Coaches' Population of Communities of Practice[2]

Population of Communities of Practice	Peer-Coaches (FP)		Peer-Coach (Spec)		Total	
	N	%	N	%	N	%
Large Urban Population Centres	2	66.7%	7	70.0%	9	69.2%
Small Population Centres	1	33.3%	3	30.0%	4	30.8%
Totals	**3**	**100%**	**10**	**100%**	**13**	**100%**

Table 8 – Peer-Coaches' Years in Practice

Years in Practice	Peer-Coaches (FP)		Peer-Coach (Spec)		Total	
	N	%	N	%	N	%
< 5 years	0	0.0%	1	10.0%	1	7.7%
6-10 years	2	66.7%	2	20.0%	4	30.8%
11-15 years	0	0.0%	1	10.0%	1	7.7%
16-20 years	0	0.0%	3	30.0%	3	23.1%
>20 years	1	33.3%	3	30.0%	4	30.8%
Totals	**3**	**100%**	**10**	**100%**	**13**	**100%**

Table 9 – Peer-Coaches' Self-Reported Payment Models

Payment Models	Peer-Coaches (FP)		Peer-Coach (Spec)		Total	
	N	%	N	%	N	%
Fee-for-Service	1	33.3%	3	30.0%	4	30.8%
Salary	1	33.3%	5	50.0%	6	46.2%
Other	1	33.3%	2	20.0%	3	23.1%
Totals	**3**	**100%**	**10**	**100%**	**13**	**100%**

4.3 Program Completion (as of June 30th, 2021)

Table 10 presents the overall program completion statistics as of June 2021. All N=34 participants (100%) completed the MCC 360. Twenty-two (n=22) participants completed two coaching sessions; n=8 participants completed one coaching session.

Table 10 – NL360+ Program Completion

Program Components	Family Physicians		Specialists		Total Participants	
	N	%	N	%	N	%
MCC 360 Process	16	100%	18	100%	34	100%
One Coaching Session	2	12.5%	6	33.3%	8	23.5%
Two Coaching Sessions	12	75.0%	10	55.6%	22	64.7%
No Coaching	2	12.5%	2	11.1%	4	11.8%

[2] As defined by Statistics Canada (2016). Large urban population centres - population of 100,000 or more; small population centres - population between 1,000 and 29,999.

5.0 Final Program Evaluation

Eighteen (n=18) participants completed the post-assessment and evaluation survey, n=4 participants were interviewed, and n=3 peer coaches provided feedback via an interview/follow-up survey.

5.1 Mixed Methods Evaluation Design

This evaluation of the NL360+ program utilized a mixed-methods evaluation design to gather data from physician participants and peer-coaches (**Table 11**).

Table 11 – NL360+ Mixed-Methods Evaluation Design

Evaluation Method	Description
Pre/Post-Program Assessment (Participants)	• Perceptions of current clinical practice (open-ended questions). • Perceptions of current skills related to three competencies (communicator, collaborator, professional) using a four-point scale (1=need significant improvement, 2=need improvement, 3=competent, 4=significant strength).[3] • Readiness for self-directed learning (SDL) scale – 20 items, five-point scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strong agree).[4] • Same items distributed pre/post-program; completed by physician participants at point of registration via the NL360+ website and after completion of the 2nd coaching session online via Qualtrics.
Evaluation Survey (Participants)	• A combination of closed and open-ended items exploring the peer-coaching experience, development of the personal learning plan, associated barriers and challenges, and perceptions of working with MD and/or non-MD coaches. • Distributed to physician participants after completion of the 2nd coaching session online via Qualtrics.
Interview/Survey Follow-up (Participants & Peer-Coaches)	• Participant survey respondents were asked to volunteer for an interview to further explore their survey feedback on the program. • Peer-coaches were invited to participate in a separate interview to explore their perceptions of the process, successes and challenges of working with physician participants. Peer-coaches were also provided with the option of responding to the questions electronically (via Qualtrics) if unable to attend an interview.

[3] Copyright Saegis and the MCC and shared with permission of Saegis and the MCC.
[4] Items adapted from Cheng et al. (2010).

Evaluation Method	Description
	• Respondents were provided with the questions in advance of the interview. Interviews were conducted via telephone and recorded with consent of the respondent.

Pre/post-assessment and evaluation survey responses were entered in IBM SPSS Statistics 26. Frequencies analysis was conducted with quantitative data; qualitative data was reviewed and summarized into common themes. A paired samples t-test analysis was conducted for pre/post-assessment data. Interview data was reviewed for common themes. Copies of all evaluation instruments are included in **Appendix F**.

5.2 Pre/Post-Program Assessment (Participants)

Perceptions of Practice:

NL360+ participants were asked to report on one thing they felt they did well in their current practice, as well as one thing they felt they could improve. The findings presented in **Table 12** show that pre-assessment, respondents reported perceptions of positive communication skills and adherence to national standards. In terms of improvements, many reported the need to improve time management and communication skills related to conflict resolution. For the n=18 participants who responded post-program, similar themes were reported in terms of what they did well and perceptions for improvement.

Table 12 – Perceptions of Practice (Pre/Post-Assessment)

Perceptions of Practice	Pre-Assessment (N=34)	Post-Assessment (N=18)
What is one thing you feel you do well regarding your clinical practice?	• Communication • Consulting with other physicians • Listening to patients • Practicing evidence-based medicine • Adhering to national standards • Charting and documentation	• Communication • Good listener • Spending more time with patients • Empathetic and compassionate • Strive to be on top of the latest medicine
What is one thing you feel you could improve regarding your clinical practice?	• Time management • Efficiency • Skills related to conflict resolution	• Time management • Efficiency • Work-life balance • Listening to all points of view • Handover during transitions of care • Providing effective feedback

Perceptions of Skills as Related to Competencies:

The results in **Table 13** show that, before starting the pilot program, the majority of respondents reported feeling competent (mean score of > 3.0) in their skills as related to the competencies pre-assessment. A paired samples t-test shows no significant differences in perceptions of competencies pre/post-program for those participants who completed both pre and post-assessments.

Table 13 – Perceptions of Skills as Related to Competencies (Pre/Post-Assessment)

Competencies	Pre-Assessment*		Pre-Assessment**		Post-Assessment		Sig.+
	N	Mean+	N	Mean+	N	Mean+	
Communicator	34	3.21	18	3.22	18	3.39	.381
Collaborator	34	3.21	18	3.22	18	3.39	.381
Professional	34	3.09	18	3.22	18	3.50	.172

**All N=34 participants pre-assessment.*

***Comparison of pre/post-assessment for those who completed both assessments (n=18).*

+Mean score out of 4; significant at p<.05 probability level. .

Readiness for Self-Directed Learning:

The results in **Table 14** show that, before starting the pilot program, the main areas in which respondents reported feeling ready for SDL include: "I enjoy finding answers to questions" (mean 4.32); "I strongly hope to constantly improve and excel in my learning" (mean 4.29); "my successes and failures inspire me to continue learning" (mean 4.18); and "regardless of the results or effectiveness of my learning, I still like learning" (mean 4.15). A paired samples t-test showed significant differences at p<.05 probability level for several items related to pre/post readiness for self-directed learning at the p<.05 probability level.

Table 14 – Readiness for Self-Directed Learning (Pre/Post-Assessment)

Readiness for Self-Directed Learning	Pre-Assessment*		Pre-Assessment**		Post-Assessment		Sig.+
	N	Mean+	N	Mean+	N	Mean+	
I know what I need to learn.	34	3.53	18	3.56	18	4.00	.072
Regardless of the results or effectiveness of my learning, I still like learning.	34	4.15	18	4.17	18	4.44	.311
I strongly hope to constantly improve and excel in my learning.	34	4.29	18	4.33	18	4.56	.466
My successes and failures inspire me to continue learning	34	4.18	18	4.22	18	4.44	.430
I enjoy finding answers to questions.	34	4.32	18	4.50	18	4.56	.834

Readiness for Self-Directed Learning	Pre-Assessment*		Pre-Assessment**		Post-Assessment		Sig.+
	N	Mean+	N	Mean+	N	Mean+	
I will not give up learning because I face some difficulties.	34	4.12	18	4.22	18	4.67	.104
I can pro-actively establish my learning goals.	34	3.74	18	3.89	18	4.06	.454
I know what learning strategies are appropriate for me in reaching my learning goals	34	3.29	18	3.33	18	4.11	**.004**
I set the priorities of my learning.	34	3.50	18	3.59	18	3.89	.090
Whether in clinical practice, classroom or on my own, I am able to follow my own plan of learning.	34	3.41	18	3.44	18	4.00	.056
I am good at arranging and controlling my learning time.	34	3.09	18	3.17	18	3.56	.274
I know how to find resources for my learning.	34	3.71	18	3.56	18	4.22	**.029**
I can connect new knowledge with my own personal experiences	34	4.00	18	4.00	18	4.17	.579
I understand the strengths and weakness of my learning	34	3.50	18	3.56	18	4.17	**.012**
I can monitor my learning progress.	34	3.32	18	3.44	18	3.78	.138
I can evaluate on my own my learning outcomes.	34	3.15	18	3.11	18	3.78	**.002**
My interaction with others helps me plan for further learning.	34	3.91	18	3.94	18	4.28	.210
I would like to learn the language and culture of those whom I frequently interact with.	34	3.68	18	3.50	18	3.89	**.049**
I am able to express messages effectively in oral presentations.	34	3.74	18	3.72	18	4.11	**.030**
I am able to communicate messages effectively in writing.	34	3.76	18	3.56	18	4.00	.072

**All N=34 participants pre-assessment.*

***Comparison of pre/post-assessment for those who completed both assessments (n=18).*

+Mean score out of 5; significant at p<.05 probability level.

5.3 Evaluation Survey (Participants)

Eighteen (N=18) participants completed the evaluation survey. **Tables 15-16** present evaluation survey respondents' overall satisfaction with the program and their MCC 360 reports.

Table 15 - Overall Satisfaction with NL360+

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Registration via the NL360+ web portal	1 (5.6%)	1 (5.6%)	10 (55.6%)	6 (33.3%)
The MCC 360 registration process	0 (0.0%)	2 (11.1%)	10 (55.6%)	6 (33.3%)
Your MCC 360 Report and Tip sheet	0 (0.0%)	2 (11.1%)	6 (33.3%)	10 (55.6%)
The peer-coach/participant matching process	0 (0.0%)	0 (0.0%)	10 (55.6%)	8 (44.4%)
Scheduling sessions with your peer-coach via the Coaching Calendar on the NL360+ website (if applicable)*	4 (25.0%)	1 (6.3%)	6 (37.5%)	5 (31.3%)
MCC 360 resource (pages 12-14 of the report) - reflecting on your report and developing an action plan	0 (0.0%)	0 (0.0%)	9 (50.0%)	9 (50.0%)

**Two (N=2) respondents did not answer this question.*

Comments:

- *The coaching calendar is impractical. It is better for coaches and mentees to connect directly through email.*
- *I scheduled sessions with the peer coach directly over e-mail.*
- *I never used the coaching calendar for scheduling.*

Table 16 – Satisfaction with the MCC 360 Reports

	Strongly Disagree	Disagree	Agree	Strongly Agree
The feedback from my **physician colleagues** was valuable.	0 (0.0%)	0 (0.0%)	7 (38.9%)	11 (61.1%)
The feedback from my **non-physician co-workers** was valuable.	0 (0.0%)	0 (0.0%)	7 (38.9%)	11 (61.1%)
The feedback from my **patients** was valuable.	1 (5.6%)	0 (0.0%)	9 (50.0%)	8 (44.4%)
Overall, my MCC 360 Report provided me with meaningful information about my practice.	0 (0.0%)	1 (5.6%)	7 (38.9%)	10 (55.6%)
Overall, my MCC 360 Report helped me reflect upon and understand what I do well in my practice.	0 (0.0%)	0 (0.0%)	7 (38.9%)	11 (61.1%)
Overall, my MCC 360 Report helped me reflect upon and understand what I can improve in my practice.	0 (0.0%)	1 (5.6%)	7 (38.9%)	10 (55.6%)

Comments:

- *The comments and ability to review feedback from peers and patients was very helpful.*
- *I do believe that obtaining patient feedback is necessary. I did try to do this. However it was difficult to obtain the numbers necessary as an [ ]. I believe obtaining more feedback from clinical colleagues, technologists, nurses, and colleagues would help me best as those are the people I interact with the most. I do see patients occasionally however I do not see them on a regular basis like other physicians would. As a [ ], the majority of my day is spent keeping up with the volume of requests….. I think this is a good program, I just think tweaking who should give feedback for* [specific specialties] *should be considered.*
- *I under estimated how much my physician and non physician colleagues value my practice, professionalism and medical practice. It is highly motivating to continue to do so. I feel highly valued. It was also very impactful to know how much my patients value the care I provide.*

The Peer-Coaching Process:

Table 17 – Satisfaction with the Peer-Coaching Process

	Strongly Disagree	Disagree	Agree	Strongly Agree
Meeting with my peer coach was useful.	0 (0.0%)	0 (0.0%)	9 (50.0%)	9 (50.0%)
The first session with my peer coach helped me reflect on my results.	0 (0.0%)	0 (0.0%)	9 (50.0%)	9 (50.0%)
The first session with my peer coach facilitated the development of my personal learning plan.	0 (0.0%)	1 (5.6%)	8 (44.4%)	9 (50.0%)
The second session with my peer coach was useful for following-up on my personal learning/action plan.*	1 (5.9%)	0 (0.0%)	8 (47.1%)	8 (47.1%)
The timing of the peer-coach sessions (6 months apart) was appropriate.	1 (5.6%)	0 (0.0%)	6 (33.3%)	11 (61.1%)

**One (N=1) respondent did not answer this question.*

Participant Feedback:

- **What did you find most valuable in regards to the peer-coaching experience?**
  - *[My coach] was amazing and so encouraging - validated many of my concerns and helped me with some challenges I face in my workplace and how to learn more and adapt to these challenges.*
  - *There wasn't that much to address that required the coaching.*
  - *Reviewing feedback from multiple sources.*

- *Tangible goals and balanced reflection of feedback.*
- *Not that helpful given lack of criticism/ things to work on identified in surveys.*
- *Very thorough and struck an excellent balance of helping me interpret the positive and constructive feedback I received so that I felt like there were things I could grow in but also that I was still doing a good job.*
- *To be able to discuss both positive and negative issues and to lay out strategies. It was nice to have an outside perspective.*
- *One on one discussion.*
- *I liked the way the peer coach allowed me to set my own learning goals.*
- *While I did take the time to seek out constructive feedback by specifically sending evaluations to both clinicians and [ ] that I don't necessarily agree with on a regular basis, all of the submitted feedback has been positive. There was little constructive feedback.*
- *I felt it was one of the safe places I could talk about personal and professional struggles with someone who was aware of my daily environment.*
- *My peer coach understood my clinical practice and my personal context...was able to offer mentorship and was fantastic at highlighting both strengths and areas for improvement.*
- *Forced to reflect on current practice. Encouraging. Peer-coach is valuable in that they are in the similar day to day scenario*

- **Do you have any suggestions for enhancing the peer-coaching experience (i.e. timing between sessions, structure, etc.)?**
  - *I would suggest more advanced methods of communication, ZOOM, FaceTime, doctors and peers should better be in same region for better communication.*
  - *I knew my coach very well before we were matched. I'm not sure if that was intentional. For me, it worked out very well, but may be a challenge for others.*
  - *The process was slow at the beginning and I think asking the patients to "evaluate" is tangly- is it crossing a line - will the patients want to say "nice things" to please the doctor even though told confidential? It's not that confidential in that the doc knows who they gave the surveys to.*
  - *I thought it worked well; no suggestions for changes.*
  - *Second session needs to integrate this as a cyclical thing that professionals do for themselves at 6 months.*
  - *Very difficult to set up meetings.*
  - *6 months is good.*

- **Based on this experience, do you think it is necessary for the peer-coach to be a physician? Do you think your coaching experience would have been different with a non-MD coach?**
    - *I think it is valuable to have an MD coach, as it is at times a unique perspective. I don't know if I would have bought in to the process as much if my coach had not been a physician.*
    - *Coach definitely needs to be a physician. They have to live in your world to be able to interpret survey responses appropriately.*
    - *I like the idea of coaching. It can help both encourage the student and create and foster relationships with senior colleagues who can provide guidance and mentorship.*
    - *At first I would say, absolutely it should be a MD. However, after being through the process and establishing that some of the things I need to work on are non-medical issues (i.e. work life balance and self-care); perhaps a Non MD could also work well in this situation. I think FFS MDs could learn (be coached) by many other self-employed non MD professionals.*
    - *Yes, I feel MUST be a physician as they can related to the challenges and job overall.*
    - *I think a non-MD coach would be fine. Have had really good experiences previously with life and work coaches using LEAN and creative visualization.*
    - *I do think it is important that the peer coach is a physician because they understand the clinical work, practice setting, time pressures, etc. that only comes from experience.*
    - *Yes, because my goals were very clinically based and I got good advice from someone who has been there.*
    - *I'm not convinced I would have the same trust in a non-clinician's interpretation of my results. The understanding and empathy comes from 'street credibility' from shared time in the field.*
    - *I think it is valuable to have a peer coach who is not only MD but also more or less same field so that they can understand what the standard of practice is and also can make some meaningful suggestions as to the path forward. I think it will be pretty big drawback if a non peer coach was selected as they will not have the required expertise to properly assess or guide.*
    - *I don't think the coach needs to be a physician.*
    - *Yes, physician would be so much busy for a lengthy or advanced advice.*

Self-reported Impact on Practice:

The majority of survey respondents (N=17; 94.4%) report that participation in the NL360+ program influenced them to make changes in their respective practices. The most influential aspects of this experience were reported as follows:

- Review of their MCC 360 results (82.4%).
- Review of their MCC 360 results with a peer-coach (76.5%).
- Developing a learning/action plan based on their MCC 360 results (52.9%).
- Follow-up on the personal learning/action plan with a peer-coach (41.2%).

The majority of respondents (N=10; 55.6%) report referring to their learning/action plan after the peer-coaching sessions ended. The majority also report that the plan was somewhat effective (60.0%) in supporting change, but there were some barriers reported. Comments included:

- *The pandemic and the resulting pressures altered my clinical practice compared to the time when I took the surveys.*
- *Time. Busy days, being a doctor and a parent.*
- *Personalities don't change overnight. Better insight definitely helps change and make me more effective.*
- *COVID was catalyst to helping me with my action plan. However, also was a barrier as separating home/work became impossible.*
- *Being too busy.*
- *Change is hard.*
- *My time issues have a lot to do with anxiety/attention challenges, working on it more with a counsellor than through this program. Didn't feel I needed to make other significant changes, review was overall positive.*

In terms of overall impact on practice, respondents' feedback is mixed, with 33.3% reporting that the NL360+ program experience had a "slight positive impact" on their practice; 33.3% reporting the experience had a "moderate positive impact", and 33.3% reporting that the program had a "significant positive impact" on their practice.

Recommendations for Future Delivery:

All survey respondents (N=18; 100%) report that they would recommend the NL360+ program to their colleagues. Respondents' comments were as follows:

- *It was validating, strengthening and allowed me to reflect on how well I am doing and tools to help me face a few significant challenges.*

- *For those having challenges with communication it would be excellent.*

- *Outstanding program! We usually don't get any feedback (except if there is a complaint), so this was fantastic to identify strengths and weaknesses.*

- *The 360 was good, and informative.*

- *My issue with the program as a pilot is that the physicians who signed up are probably already aware of their deficiencies and weakness and are working to improve them. If the surveys are all saying positive things then it makes it difficult to truly identify things that you can do better. The people completing the surveys need to be coached/ encouraged to include some negative/criticisms of things that can be worked on.*

- *I think the breadth of feedback this provides gives us all an opportunity to hear anonymous input from those who might not otherwise speak up. Sometimes that's difficult, but if we want to be the best physicians we can be, then this is a practical tool for that.*

- *I will highly recommend it and have already done so many of my colleagues. I found it to be very valuable.*

- *After completion of residency, we do not get the opportunity to gather feedback from patients and peers. The 360+ program was a unique opportunity to allow anonymous feedback in a way that was constructive.*

- *Excellent exercise. In retrospect, not a huge time commitment. Admin was excellent (i.e. web site, scheduling). The credit hours made it more attractive to sign up, but definitely worth it without them. The optics are excellent. Patients and staff appreciate being asked for their input and makes them comfortable that we are open to criticism. The patients, in particular, loved it. All learners also saw this process occur. I could sense the comfort or fear or both they felt that scrutiny will continue for their entire career.*

- *Fundamentally it is important to get feedback on your practice. I'm not sure in my practice setting that this was the most practical way to get feedback, but I can't think of another way, so for now it at least gave some indication as to whether or not I am performing as I expected.*

- *It's always good to have formal reflection on your practice, not just the medical/professional piece but also for your own self-care and well-being.*

Recommendations for future program implementation include:

- *I think how patients are asked to participate should be re-examined and the timeline to first meeting with peer coach was too long.*

- *Make it available to everyone (might be an idea to have it mandatory at some point in everyone's employment schedule as part of a regular performance evaluation).*

- *The 360 was a real pain to collect; need clerical assistance.*

- *The patient questions although very important were too long and so time consuming that I felt bad when I finally saw in the report how much time and effort they had to spend. Same for physician and non physician colleagues. I appreciate that MCC is trying to capture numerous aspects but it is at risk of causing fatigue and lack of interest at the end of it all for the participant filling it out. It is too onerous.*

- *Keep both the web and paper options for the patients. We know which would be best for each individual. Obviously I could pick staff and patients that I had a good relationship with. It is human nature not to pick the patients with a poor clinical outcome. I could probably find 25 patients that may have a negative impression of me. I'm not sure how to change that so we get a better overall impression.*

- *For those of us who work shifts or part time we need a longer time frame to collect the information from patients and colleagues. This program really caters to those with a steady practice setting, or long term relationships with patients. Many of us interact with patients only once, or short term. It was also challenging to know if the feedback I was getting from patients was accurate because I was able to pick the patients I wanted to fill out the forms, which inherently led to a bias in the results. Furthermore, having the ability to choose the colleagues who fill out your forms also introduces a bias into the results. So, while the idea is 360 feedback and technically I got feedback from different sources, I can't really be certain that this accurately reflects how I practice.*

- *For community physicians finding non MDs can be a challenge. So maybe require less? or find another group to survey? or just more patients? or more MD colleagues.*

Payment of a Fee:

The majority of respondents (N=12; 70.6%)[5] indicate that they would not be willing to pay a fee to participate in NL360+. Respondent's comments include:

- *I feel the employer- such as MUN or EH should pay for this.*
- *Not that I would not be willing to pay a fee to do it, but having a fee would be a deterrent for some to do it. It would be better to make it part of the employment culture/expectation that everyone do it at certain pre-specified points in their career.*
- *Probably if it were linked to promotion or licensure.*
- *I think $100 would be reasonable; but should be free for those who volunteer as peer coaches.*
- *I think if I did, it will make me feel that I am trying to "buy" the answers from people I am asking to survey me. I think this is more holistic that it was free of charge.*
- *Not sure how to answer that question. Would have to be mandatory to make that realistic.*
- *As the program currently exists I wouldn't be willing to pay for it. It was cumbersome for me to collect the information from patients and colleagues. As I mentioned above in my practice setting this was difficult and took a long time. It also excludes patients whose perspectives are important. I had to select patients who could read and write in English, or use a cell phone or computer. This reduced further the pool of patients whom I could as for feedback. Perhaps, if there was a person who came and helped me collect this information or spoke to patients or their caregivers I think the feedback would be more robust and meaningful. Also in a small practice environment, with limited numbers of colleagues (both physician and non-physician) it can be difficult for people to be truthful in their assessment of you. They may be worried that their feedback will be linked to them and may be afraid to give accurate feedback.*

[5] One (N=1) respondent did not answer this question.

5.4 Interview/Survey Follow-up

5.4.1 Participants

Four (n=4) participant evaluation survey respondents agreed to participate in a follow-up interview to further explore their feedback about the program. A summary of the preliminary themes identified is presented below, including some supporting de-identified respondent quotes (*in italics*).

MCC Process and Report:

- Depending on your practice it may be challenging to find non-MD colleagues.
- Having 2 survey options for patients (online and paper) was very helpful.
- Liked receiving feedback from patients and peers. Patient feedback was meaningful and surprising.
- Public perception – patients were receptive when asked to complete a survey. The perception of this exercise; that physicians are engaged in self-assessment, is important.

  > *The patients really enjoyed this. Everyone was very keen on doing this. The optics of this. How this looks to the public is going to be really good. I think that when the public sees we are engaged in self-assessment it is really positive.*

- Learner perception – also important for learners to see that the process of assessment and evaluation does not end after residency. Students saw this as a positive exercise.
- Fantastic way to get feedback. Valuable. Only avenue seen other than peer review.
- Surveys should be tailored to practice profiles and/or specialties.

Personal Learning/Action Plan:

- Reported by respondents as very useful. Having to draft the action plan and follow-up on it made you accountable for it.

> *Especially having to come up with the plan. You have to come up with something concrete that you are going to do. Saying it out loud to someone else just gives it another layer of accountability.*

Peer-coach should be an MD:

- One respondent reported that he/she would not have signed up if the coach was not an MD.

- Second respondent suggests the coach also needs to be an MD. Another physician understands the environment you work in and can make the connections with your report much more quickly. He/she did indicate that another healthcare professional could also be useful, but it must be someone in healthcare.

> *I think this saves a lot of time. The coach knows exactly what my life is like.*

Matching Participants and Peer-coaches:

- Overall, really enjoyed the session. Peer-coach was very helpful, but did not practice in the same specialty. Recognizing the challenges with matching participants in the same specialties in a small province such as NL, this respondent suggested considering using coaches from outside the province who practice in the same specialty.

Peer-coaching Sessions:

- Having to take the time to review the report and reflect in advance was helpful, as well as the session itself. This was equally as valuable.

> *I thought having the appointment was helpful in two ways as (1) because of what the coach said to me and (2) what I had to do to get ready for it.*

- Having two sessions was useful.

- One respondent agreed that the six month timeframe between sessions was reasonable.

- The second respondent suggests that six months might have been too long. Suggests maybe a second session in three months, then an option for a third session.

- The third respondent suggested that 4 months might be considered between sessions, but during the pandemic, felt that 6 months was more appropriate.

Payment of a Fee:

- One respondent indicated that he/she would not pay a fee for the program.

- The second respondent was unsure. He/she felt it would have to be mandatory. The credits were certainly a selling point. Knowing what he/she knows now, they would pay a fee, but when volunteering for the program, probably not.

> *Some people will gladly do this and others are not going to do it. I know it's not free to administer this. Looking back now, definitely worth the money, but this may be a down the road thing.*

- The third respondent indicated that he/she would pay a fee. CPD usually has a cost and one would expect that a robust review such as this would have a cost.

> *CME usually has a cost for it. I would expect something as rigorous as this would have a cost to it.*

Impact on Practice:

- Think everyone should do it. It reinforced what I was doing well. Made me more aware of things I need to improve on.

- Can be used as part of promotion and tenure application.

5.4.2 Peer-Coaches

Three (n=3) peer-coaches provided feedback via a telephone interview and/or follow-up survey.

Overall Impressions:

- The tool itself was thorough. It was good blend of quantitative and qualitative data.

- The respondent indicated that he/she had to spend a lot of time reviewing the report in advance of the session. The report was not as intuitive as it could have been.

- I feel this program provided an excellent opportunity to review practices. I worked with my peers to review their practices. They were reassured to find good things about their practice and got feedback on the areas where they felt lagging behind. Overall I felt it provided them with an excellent opportunity to get a snapshot of their practice.

- Amazing program for both peer coaches and those receiving feedback through the NL360+ process.

Peer-coaching Training:

- Overall, yes it prepared him/her, but felt it didn't prepare him/her for the disengaged participant. It's not a safe assumption for the coach to assume that the participant has reviewed the content.

- Yes, it was definitely helpful.

Successes and Challenges:

- Success - everyone ultimately engaged in the process and it was valued as a meaningful exercise.

- Challenge – the report does not distinguish between what is "statistically" significant and what is "clinically" significant. A participant could have a low mean score on one item which is not necessarily as important in clinical practice as some other items. As the coach, you need to spend time reviewing the data and the scores and specifically, a score in relation to the item's importance in clinical practice.

- The biggest success was interacting and reassuring colleagues about the good work they were doing. We have the opportunity of discussing the challenges of their practices and discuss options to overcome the hurdles. I was able to guide my colleagues to certain resources which they found beneficial on follow-up. Physicians good focused on the areas to improve and felt reassured on the areas they were doing well.

- Scheduling was difficult, which may have been impacted due the timing of the pilot program with the COVID-19 pandemic.

Benefits of Participating as a Peer-coach:

- This helped me as a physician to see the feedback received and to reflect on my own practice, considering what might be important to patients, staff, and colleagues.

- It improved my analytical skills and provided me with the opportunity to reflect on my own practice.

- I found that it was a positive experience and provided satisfaction as a physician to be able to offer feedback and coach others.

Suggestions for Improvement:

- Make the report more user-friendly.

- Make a distinction amongst items which might be considered more clinically important.

- Add strategies for the disengaged participant to the training.

- Makes sense to match specialties when it's possible.

- Training slides should be available for review to refresh the training. There should be documentation of the whole visit in the structured template.

- Continue with the program and provide feedback to coaches from their interactions with peers so that they can improve as a peer coach.

5.5 Literature Review & Environmental Scan

In addition to the evaluation data collected from participants and peer-coaches, a literature review and environmental scan were also conducted to gather data to support future program implementation and sustainability.

5.5.1 Literature Review

A rapid review of the peer-reviewed literature was conducted in May 2020 using the PubMed database and the Google search engine. The purpose of this review was to identify studies which explored the characteristics associated with the success and sustainability of MSF and/or peer-coaching. The following terms were used and combined in order to refine the search results:

- Multisource feedback
- 360 assessment
- MCC 360
- Performance assessment
- Coaching
- Cost
- Funding
- Sustainability

Related citations were also reviewed when linked to relevant studies. There were several key themes identified in the literature when considering the future implementation and sustainability of NL360+.

Clear Purpose and Communication:

Several studies discuss the importance of ensuring potential participants understand the purpose of an MSF program and its potential benefits (Ashworth et al., 2020; Pooley et al., 2019; Sargeant et al., 2005; Wood et al., 2006). Is the purpose to promote individual physician refection and practice improvement? Is there potential for the information to be used to examine performance in a more formalized way? Participant trust in the process, i.e. who has access to the data, what is the data being used for, etc. is essential (Pooley et al., 2019).

Credibility and Validity:

According to Nurudeen et al. (2015), the effectiveness of MSF has been shown to depend on how the program is implemented, how feedback is given to subjects, and how institutional

officials use the information. How a program is implemented can make a significant difference in outcomes (Nurudeen et al. 2015). Stevens et al. (2018) summarized the findings from multiple systematic reviews which focused on MSF and specifically the importance of validity and use of a valid instrument. Bracken and Rose (2011) identify several factors which they deem as critical for a sustainable 360 process, including:

- Relevant content – supported by use of a standardized and reliable instrument.
- Credible data – supported by use of a valid instrument.
- Accountability – supported by use of a coach.

Reflection and Coaching:

Several studies suggest that having a coach, mentor, peer, etc. to aid physicians during the reflection process is essential (Francois et al., 2018; Overeem et al., 2010). Francois et al. (2018) explored the value of peer-assisted debrief, which included the ability of a peer to provide a different and/or more objective perspective on a physician's report and discussing how reflecting on one's report with the assistance of a peer could enhance a physician's processing of the feedback.

5.5.2 Environmental Scan

An environmental scan of similar physician programming delivered by other MRAs across Canada was conducted in 2020 to inform recommendations for the future implementation and sustainability of NL360+.

The methodology for collecting this information included:

- A review of the websites of the other provincial/territorial MRAs for similar programming and related program characteristics.

- E-mail follow-up with the MRAs to collect additional data which was not publically available. A standardized template, including questions, was distributed via e-mail (**Appendix G**).

- A review of other relevant websites, such as that of the MCC 360 (https://mcc.ca/assessments/mcc360/) and FMRAC (https://fmrac.ca/).

Information was collected from seven (N=7) jurisdictions, as shown in **Table 18**.

Table 18 – Environmental Scan Respondents

Program	Responsible Organization	Respondent
Physician Peer Review – Nova Scotia (PPR-NS)	College of Physicians and Surgeons of Nova Scotia (CPSNS)	Rhonda Kirkwood, Director, Physician Performance
Professional Practice Enhancement Program	Collège des médecins du Québec (CMQ)	Ernest Prégent, Directeur, Professional Practice Enhancement
Quality Improvement (QI) Program	College of Physicians and Surgeons of Ontario (CPSO)	Tracey Marshall, Supervisor, QI & QA, Quality Management,
Quality Improvement (QI) Program	College of Physicians and Surgeons of Manitoba (CPSM)	Patti Riege, Program Coordinator, Quality Improvement
Practice Enhancement Program for Saskatchewan Physicians (PEPSask)	Administered by a committee of 6 physicians appointed by the College of Physicians and Surgeons of Saskatchewan (CPSS), 3 of whom are nominated by the Saskatchewan Medical Association (SMA).	Jody Semenoff, Coordinator, Practice Enhancement Program
Multi-Source Feedback+ (MSF+)	College of Physicians and Surgeons of Alberta (CPSA)	Phong Van, Director, Continuing Competence
Physician Practice Enhancement Program (PPEP)	College of Physicians and Surgeons of British Columbia	Nadya Castro, Director, Physician Practice Enhancement Program

Detailed information regarding programming in each jurisdiction is presented in **Appendix H.** However, some of the overall key program characteristics, especially those which may be relevant to the future delivery and sustainability of NL360+, are summarized below.

Participation Requirements:

Findings from the environmental scan show that all physicians are required to participate in their respective programs if selected, with participation cycles ranging from between five and seven years. While Ontario's program is not currently mandated by legislation, a physician who chooses to withdraw may be required to undergo a peer assessment (which is mandatory). Physician selection is mainly random in most programs, but depending on the program, some are identified to participate based on risk factors (such as advancing age, solo practice, etc.). In

the majority of provinces, programs focus on all physicians regardless of specialty. Programs in Nova Scotia and Ontario currently only focus on family physicians, but plans are underway for program expansion and inclusion of specialists.

Program Requirements:

Programs in Manitoba, Saskatchewan, Alberta, and British Columbia utilize the MCC 360 as part of broader programs, whereas the programs in Nova Scotia and Quebec mainly utilize peer review. The Ontario program involves a self-guided chart review, development of a practice improvement plan, and coaching. Several of the programs also require physicians to develop a practice improvement plan or action plan, combined with the provision of facilitation or coaching.

Certification/Accreditation:

Physicians who participate in their respective programs are eligible to claim CPD credits via the CFPC or RCPSC.

Fees:

In general, the majority of programs do not charge any participant fees, so physicians are not required to cover any costs associated with program participation. However, there are some exceptions depending on the circumstances. In Quebec, a participant who cancels for a non-urgent situation is responsible for the standard cost of the professional inspection (inspector + external physician acting as expert in the field of the participant). In Ontario, a physician who requires a second re-assessment of their practice as part of its Quality Assurance Program will be charged a fee of $2,900. In Manitoba, participants who undergo follow-up chart reviews are expected to reimburse the CPSM for any associated costs.

All jurisdictions provide some compensation to the physicians involved in their respective programs as assessors, reviewers, coaches, etc. Compensation ranges from $150 to $170 per hour in Nova Scotia and Ontario, respectively. Compensation in other programs is based established fees, standards, or policies adhered to by the various MRAs.

Program Funding:

All programs, with the exception of PEPSask, are funded via revenue from annual licensure/membership fees and have no other operational or external sources of funding. PEPSask is supported through equal funding annually from the CPSS, the Medical Services Branch of the Saskatchewan Ministry of Health, and the SMA.

6.0 Summary

The NL360+ pilot program was guided by an Advisory Committee consisting of OPED faculty and staff, physicians, and stakeholders. OPED consulted with Memorial University's IAP Office and the Office of General Counsel to review and finalize an agreement with the MCC to access the MCC 360. OPED also developed a customized web portal by which participants could register for the program, access their MCC 360 reports, and schedule their coaching sessions via a coaching calendar. Completion of the MCC 360 program requirements through NL360+, including the MCC 360, report review and reflection, and at least one coaching session enabled participants to claim CPD credits via their respective Colleges.

Thirty-four (N=34) physicians (n=16 family physicians; n=18 specialists) and N=13 peer-coaches (n=3 family physicians; n=10 specialists) volunteered to participate in the NL360+ Pilot Program. Physicians and coaches represented the four RHAs, urban and rural practices, as well as a variety of specialities and years in practice. A mixed-methods evaluation design was utilized to gather data from physician participants and peer-coaches. A summary of the key themes and recommendations for future program implementation and sustainability are presented in the following sections.

6.1 Key Themes

- National organizations, such as FMRAC, the RCPSC, the CFPC, and the Committee on Accreditation of Continuing Medical Education (CACME), as well as provincial MRAs, support the development and implementation of strategies and resources related to physician self-assessment and self-learning. The RCPSC and the CFPC require and encourage physicians to engage in such activities to maintain their respective CPD certification.

- While the COVID-19 public health emergency caused significant delays in the matching of participants and peer-coaches and subsequently, the coaching sessions, participation in, and completion of, the pilot program was high.

    - All N=34 participants (100%) completed the MCC 360.
    - Twenty-two (n=22) participants completed two coaching sessions.
    - Eight (n=8) participants completed one coaching session.

- Pilot evaluation respondents report significant improvement in their readiness for self-directed learning as related to several items, including: "I know what learning strategies are appropriate for me in reaching my learning goals"; "I know how to find resources for my learning"; "I understand the strengths and weakness of my learning"; and "I can evaluate on my own my learning outcomes".

- Pilot evaluation respondents report overall satisfaction with NL360+ and specifically:
    - The MCC 360 report and how it enabled participants to reflect on what they do well in their practices and what they can improve.
    - The peer-coaching experience, including the need for a second session, as it was this session in particular which served as a reminder to participants to review their learning plan and as a result, created a sense of accountability in the process.
- The majority of pilot evaluation respondents report that participation in the NL360+ program influenced them to make changes in their respective practices.

6.2 Recommendations – Future Program Implementation & Sustainability

Recommendation #1 – Continue use of the NL360+ Program Model

Findings from the environmental scan demonstrate the importance of using a valid and reliable instrument (i.e. the MCC 360) and similar programming models are being used in other jurisdictions. Using the MCC 360 also facilitates participant access to up to 15 Mainpro+ or Royal College Section 3 credits (up to 5 hours @ 3-credits-per-hour), which was seen as a significant contributor to pilot participation. Pilot evaluation respondents report overall satisfaction with the MCC 360, peer-coaching, and development of a personal learning/action plan.

Recommendation #2 – Increase Promotion of the Benefits of Program Participation

Participants highlighted numerous program benefits via the pilot evaluation. The program enabled them to obtain feedback on their practices from multiple sources, such as colleagues and patients. The feedback encouraged them to reflect on what they do well and if necessary, to make improvements in some areas. The coaching session and process allowed time to review reports and to meet with another physician who could provide guidance and support reflection. The resulting report and process may also be used as part of a promotion and tenure application or towards RHA annual review processes.

Recommendation #3 – Establish a Pool of MD Peer-Coaches

The NL360+ process was also reported as valuable by peer-coaches. The peer-coach training provided them with the knowledge and resources needed to coach participants, but also provided resources which they could use when teaching postgraduate trainees and medical students. Peer-coaches may also apply their participation in this process as part of a promotion and tenure application. It is recommended that a pool of MD peer-coaches be established to

ensure that participants are able to access coaching when they have completed the MCC 360 process. Participants also overwhelmingly suggest that the peer-coach should be a physician.

Recommendation #4 – Development of a Program Implementation Guide

Included in several of the appendices are the documents and templates created to guide implementation of NL360+. It is recommended that a program implementation guide is compiled detailing all processes and documents to aid in consistent future program implementation.

Recommendation #5 – Request Stakeholder Funding to Cover Operational Costs and Reduce and/or Eliminate the Per Candidate Fee

Multiple provincial stakeholders will benefit from this program, including: the CPSNL; NLMA; the Faculty of Medicine; the 4 RHAs, and the Department of Health (DoHCS). The evaluation of the NL360+ pilot program demonstrates the potential value of this program to the province's physician population. It provides physicians with an opportunity to reflect on their practices via other perspectives and with the support of a peer coach. One participant specifically commented about the postgraduate trainee and public perception of requesting feedback, especially from patients. For peer coaches, it provides them with an opportunity to enhance their coaching and teaching skills which they can then transfer to using with postgraduate trainees and medical students.

The majority of pilot evaluation respondents indicate that they would not have paid a fee for this program. Similar programs across other jurisdictions, with the exception of PEPSask, are funded via revenue from annual licensure/ membership fees and have no other operational or external sources of funding. However, it should be noted that many of the other jurisdictions have MRA memberships which are much larger than that of the CPSNL and therefore, would have access to increased revenue to cover program costs. There are significant administrative resources required to manage and deliver this program. There are also external fees to consider such as the MCC 360. To deliver and sustain the NL360+ program, annual operational costs (**Table 19**) plus a per candidate fee (**Table 20**) need to be considered.

Table 19 – Annual Program Operational Costs (OPED)

Budget Items	Cost*
Project Coordination	$2,500
Peer-Coach Training	$1,500
Website Maintenance	$2,000
Program Evaluation	$2,500
Total	**$8,500**

*Assumes one cohort/year, maximum 30 participants.

Table 20 – NL360+ Per Candidate Fee

Budget Items	Per Candidate Fee
Per Candidate Administration	$750
MCC 360 Fee*	$330
Peer-Coach Stipend	$250
Sub-total	**$1,330**
HST (15%)	**$199.50**
Total	**$1,529.50**

*Subject to change in 2022.

Several funding options are therefore proposed for stakeholder consideration (**Table 21**):

Table 21 – NL360+ Funding Options for Consideration

#	Description	Stakeholder Contribution[1]	Per Candidate Fee
1	• Consider the per candidate administrative fee ($750 x 30 participants) as an operational cost ($22,500) • This will increase annual operational costs to $31,000.	$3,875	$580 + HST
2	• As above + remove peer-coach stipend from the per candidate fee	$3,875	$330 to access the MCC 360[2,3]
3	• Deliver program for 1 year; maximum 30 participants. • Consider reserving seats for stakeholders if requested. • Assume all costs as shown in Tables 19 and 20 covered by stakeholders via an unrestricted educational grant to OPED.	$6,050[3,4]	$0

Notes:

1. Assumes 8 stakeholders – MUN FoM; DoHCS; 4 RHAs; NLMA; CPSNL.
2. There was no HST applied by MCC on this fee. However, this fee is subject to change.
3. Participants cannot access CPD credits by only completing MCC 360. They must also participate in at least one coaching session. The Saegis fee for access to MCC 360 and to two coaching sessions is currently $1,500 (https://saegis.solutions/en/program/mcc-360-saegis-feedback-and-coaching-program/).
4. $8,500 operational + $39,900 ($1,330 per candidate x 30 candidates; assume no HST charged if receiving funds to cover costs via an unrestricted educational grant). Note that this does not account for an increase in the cost of the MCC 360 at this time.

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Appendices

Appendix A

Consent and Responsibilities Checklists

Participant Consent and Responsibilities

Thank you for volunteering to participate in the pilot of **NL360+: A Multisource Feedback & Peer-Coaching Program**. Please review and check each box to indicate your consent to, and understanding of, each of the following statements.

- ☐ I authorize the Office of Professional and Educational Development (OPED) to provide my name and contact information to the Medical Council of Canada (MCC). I understand that MCC will use my information to contact me for the purpose of completing the MCC 360 during the period of September to November 2019.

- ☐ I authorize an identified administrator at the OPED (Lisa Fleet) to access my summarized MCC 360 report and upload it into the OPED database for sharing with my assigned peer-coach.

- ☐ I understand that the electronic and paper-based survey data collected for the MCC 360 is retained by the MCC for up to five years. This data is not retained by the OPED.

- ☐ I understand that the MCC may use anonymized electronic or paper-based survey data only for the purposes of quality improvement and research.

- ☐ I understand my summarized MCC 360 report in the OPED's possession will be retained for one year then destroyed after completion of the pilot evaluation.

- ☐ I understand that the OPED will be summarizing pilot evaluation data, with no identifying information included, for the funder (CPSNL) and for the purposes of academic presentation and/or publication.

- ☐ I understand that OPED may share summarized and de-identified evaluation data with MCC and/or Saegis.

- ☐ I understand that my summarized MCC 360 Report could be subject to Section 41(1) of the *Newfoundland and Labrador Medical Act*.

- ☐ I understand that Memorial University is subject to the *Access to Information and Protection of Privacy Act 2015*, SNL 2015 c. A-1.2 ('ATIPPA, 2015') and any records supplied to Memorial University may be subject to requests under the *ATIPPA, 2015*.

- ☐ I understand that the OPED is paying the service fee on my behalf for the MCC 360.

☐ I agree to complete the MCC 360 process within the time period assigned by the MCC.

☐ I agree to meet with an assigned peer-coach to review my MCC 360 report.

☐ I agree to meet with my assigned peer-coach a 2nd time to discuss my personal educational plan.

☐ I agree to complete the pre/post-assessment and evaluation survey associated with the pilot program.

☐ I agree to draft a personal learning plan.

The personal information requested on this form is authorized by the *ATIPPA, 2015* for the purpose of managing the disclosure of personal information process of volunteer participants during the pilot of the **NL360+: A Multisource Feedback & Peer-Coaching Program** and administering the NL360+ program. Questions concerning the collection, use and disclosure of this information should be directed to:

Lisa Fleet, Education Specialist (Program Development and Evaluation)
Office of Professional and Educational Development (OPED), Faculty of Medicine
E: lfleet@mun.ca, T: (709) 864-6074

Submit

Peer Coach Consent and Responsibilities

Thank you for volunteering to be a peer coach in the pilot of **NL360+: A Multisource Feedback & Peer-Coaching Program**. Please review and check each box to indicate your consent to, and understanding of, each of the following statements.

- ☐ I authorize an identified administrator at the OPED (Lisa Fleet) to share my name and contact information with my assigned participant for the purpose of initiating the peer coaching process.

- ☐ I agree to attend the peer coach training if my clinic schedule allows.

- ☐ I agree to meet with a maximum of 5 assigned participants to review their MCC 360 reports.

- ☐ I agree to meet with my assigned participants a 2nd time to discuss their personal educational plans.

- ☐ I agree to securely destroy any electronic and/or paper copies in my possession of my assigned participants' MCC 360 reports immediately after completion of the peer coaching sessions.

- ☐ I agree to complete the evaluation survey associated with the pilot program.

- ☐ I agree to participate in a follow-up interview with OPED if invited and if my clinic schedule allows.

- ☐ I understand that as a peer coach I will have access to my assigned participants' MCC 360 reports via the OPED database.

- ☐ I understand that my assigned participants' MCC 360 reports are to remain confidential and not to be shared or discussed with any other individuals.

- ☐ I understand that the OPED will be summarizing pilot evaluation data, with no identifying information included, for the funder (CPSNL) and for the purposes of academic presentation and/or publication.

- ☐ I understand that OPED may share summarized and de-identified evaluation data with MCC and/or Saegis.

☐ I understand that participants' MCC 360 Reports could be subject to Section 41(1) of the *Newfoundland and Labrador Medical Act*.

☐ I understand that Memorial University is subject to the *Access to Information and Protection of Privacy Act 2015*, SNL 2015 c. A-1.2 ('ATIPPA, 2015') and records in the custody and control of Memorial University may be subject to access to information requests under the *ATIPPA, 2015*.

The personal information requested on this form is authorized by the *ATIPPA, 2015* for the purpose of administering the pilot of the **NL360+: A Multisource Feedback & Peer-Coaching Program**. Questions concerning the collection, use and disclosure of this information should be directed to:

Lisa Fleet, Education Specialist (Program Development and Evaluation)
Office of Professional and Educational Development (OPED), Faculty of Medicine
E: lfleet@mun.ca, T: (709) 864-6074

Submit

Appendix B

Certificates of Completion/Participation and Thank You Letter

Certificate

of Completion

NL360+:

A Multisource Feedback & Peer-Coaching Program

Participant name

Has completed the MCC 360 program requirements through NL360+ including Multisource Feedback, Report Review & Reflection, and Two Coaching Sessions (ADD DATES).

This activity is eligible for credit in the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Program under Section 3: Multi-source feedback (MSF) for 3 credits per hour, up to 15 credits. In order to claim credit, you must record the activity in your MAINPORT ePortfolio and complete all the required fields, including at least one (1) learning outcome.

This 3-credits-per-hour Assessment program has been certified by the College of Family Physicians of Canada for up to 15 Mainpro+ credits.

NOTE: Each physician should only claim the credits for the time they actually devoted to the activities.

MCC360

MEMORIAL UNIVERSITY
OFFICE OF PROFESSIONAL & EDUCATIONAL DEVELOPMENT
Faculty of Medicine

MEMORIAL UNIVERSITY

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DATE

Dr. [ ]
ADDRESS

Dear Dr. [ ],

Thank you for your contribution as a peer-coach in **NL360+: A Multisource Feedback and Peer-Coaching Program**. The NL360+ pilot program included three fundamental components for physician participants: (1) the Medical Council of Canada (MCC) 360 survey; (2) peer-coaching; and (3) a personal learning plan.

Dr. [ ], this letter is to acknowledge your specific contribution as a NL360+ peer-coach:

- Coached [#] NL360+ physician participant(s).
- Reviewed each participant's MCC 360 report.
- Met with each participant to provide feedback on their report and assist in development of a personal learning plan.
- Met with each participant 6 months later to review implementation of the learning plans, including successes, outcomes, challenges, and next steps.

Please accept the enclosed Certificate of Participation for your contribution to the program.

Sincerely,

Vernon Curran

Vernon Curran, PhD
Associate Dean, Educational Development
Office of Professional Development, Faculty of Medicine, Memorial University

Certificate of Participation

Peer-Coaching

NL360+:

A Multisource Feedback & Peer-Coaching Program

Coach Name

Is acknowledged for their contribution to the program as a peer-coach; reviewing reports and meeting with assigned participants to support reflection on their practices and educational needs.

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Faculty of Medicine

Appendix C

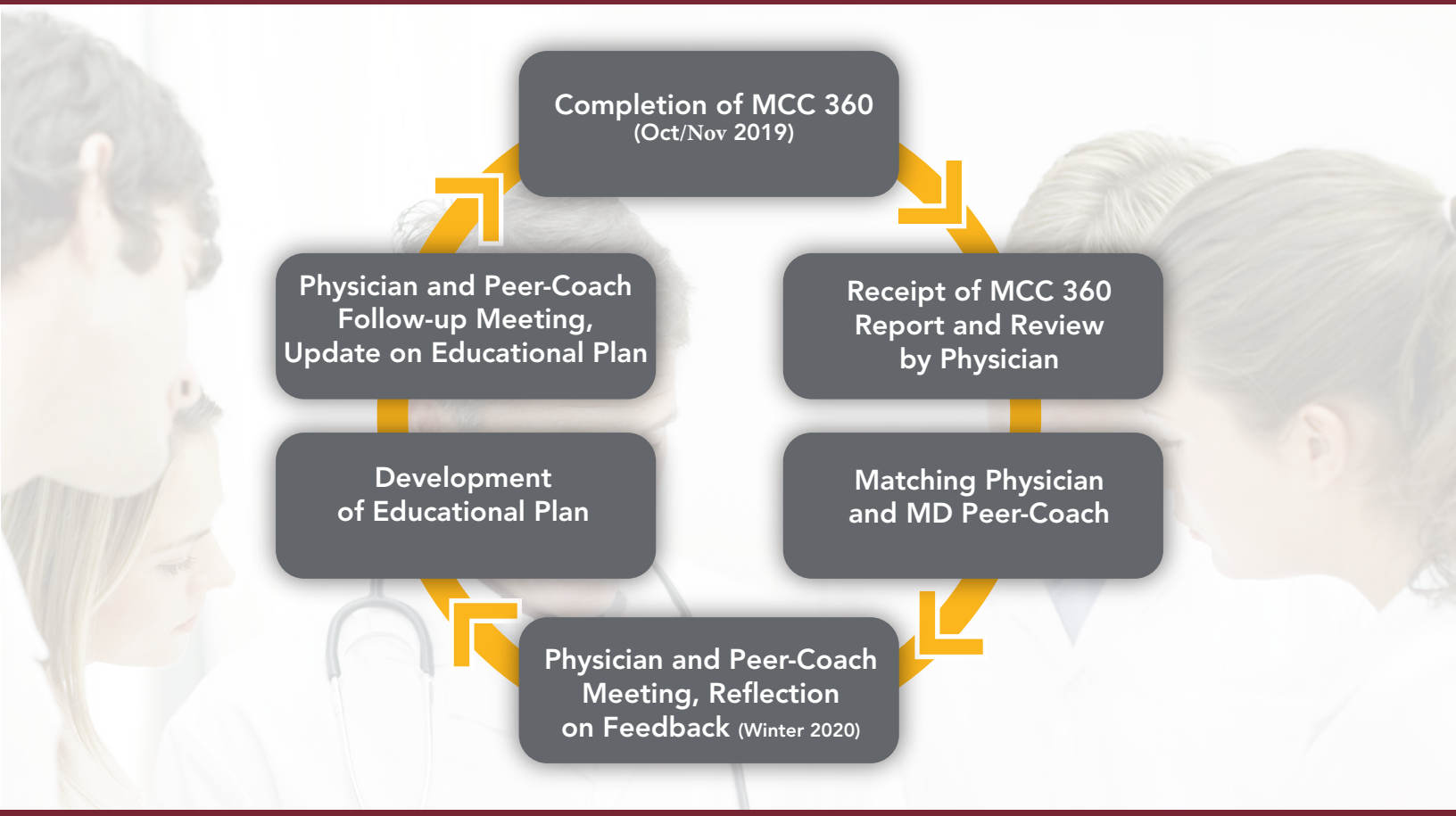
Sample Recruitment Flyers (Participants and Peer-Coaches)

Are you interested in developing an educational plan with supportive peer-coaching?

MEMORIAL UNIVERSITY
OFFICE OF PROFESSIONAL & EDUCATIONAL DEVELOPMENT
Faculty of Medicine

The Office of Professional and Educational Development (OPED) is piloting **NL360+: A Multisource Feedback & Peer-Coaching Program** and we will be recruiting 50 physicians to participate in this program for free.

Multisource feedback is a recognized method for receiving practice feedback from your peers, team members, and patients. The Medical Council of Canada's multisource feedback tool (MCC 360) assesses the Communicator, Collaborator and Professional CanMEDS roles. Feedback is confidential and designed to guide the development of your educational plan.



To register, please go to https://www.med.mun.ca/nl360 by October 25th, 2019.
If you have any questions, please contact Ms. Lisa Fleet, OPED (lfleet@mun.ca or 709-864-6074).

This 3-credit-per-hour Assessment program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits.

This activity is a Multi-source feedback (MSF) activity (Section 3) as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada. You may claim a maximum of 4 hours for 3 credits per hour (credits are automatically calculated). To claim your credits, log in to your MAINPORT ePortfolio and complete all the required fields for MSF, including at least one (1) learning outcome.

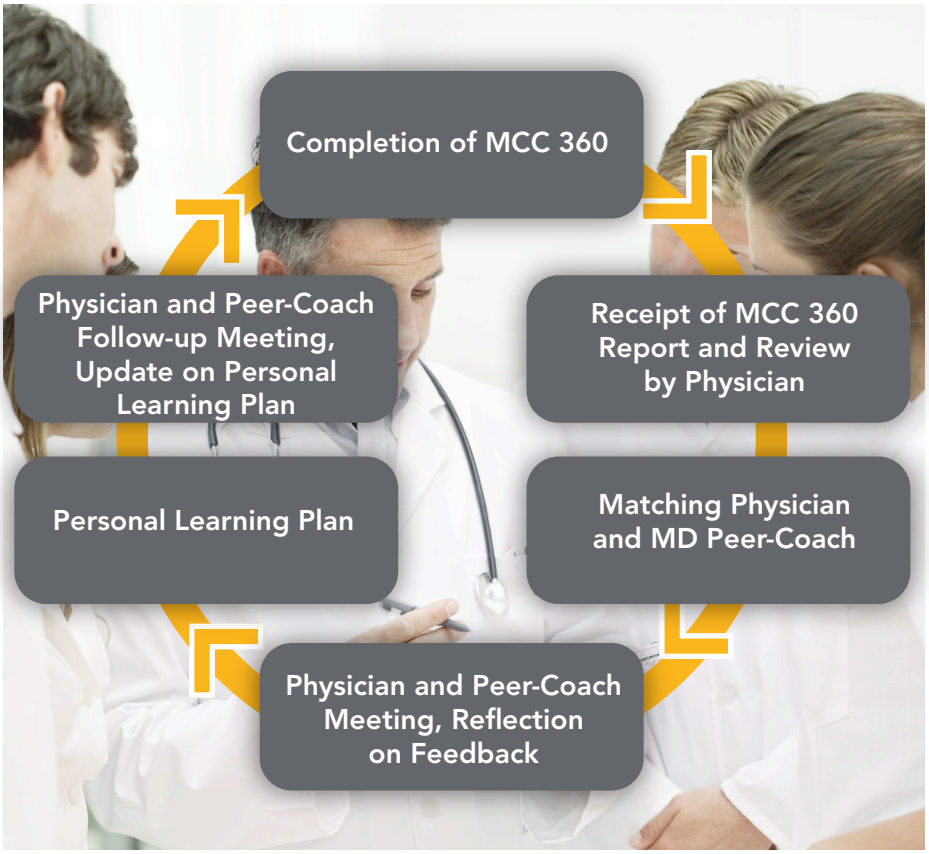
Have you ever been interested in becoming a Peer-Coach?

MEMORIAL UNIVERSITY
OFFICE OF PROFESSIONAL & EDUCATIONAL DEVELOPMENT
Faculty of Medicine

The Office of Professional and Educational Development (OPED) has received an educational grant to pilot **NL360+: A Multisource Feedback & Peer-Coaching Program**. We are recruiting rural physicians who might be interested in becoming peer-coaches for this program.

As a peer-coach, you will:

- Receive educational support and resources for peer-coaching.
- Be responsible for coaching a maximum of 5 physician program participants, who will participate in the Medical Councilof Canada (MCC) 360.
- As their coach, you will:
  - o Review each participant's MCC360 report (Sept-Oct 2019) (1 hour/participant)
  - o Meet with each participant to provide feedback on their report and assist in development of a personal learning plan (Sept-Oct 2019) (1 hour/participant)
  - o Meet with each participant 6 months later to review implementation of the learning plans (March-April 2020) (1 hour/participant)



If interested in becoming a peer-coach for NL360+ please complete the following survey:
https://mun.az1.qualtrics.com/jfe/form/SV_5bRGYinfreoqpdb
If you have any questions, please contact Ms. Lisa Fleet, OPED (lfleet@mun.ca or 709-864-6074).

Appendix D

Sample Participant/Peer-Coach Agreements

NL360+ Peer Coaching

Name of Participant: Dr. XXXXXX

Dear Dr. XXXXX,

Thank you again for agreeing to be a participant in NL360+ and for completing the MCC 360.

Please indicate if you accept/do not accept your assigned coach. Given NL's small physician population, it is recognized that you may know your assigned coach. However, please indicate "do not accept" if you feel there is any current or previous conflict of interest which would influence the coaching process.

Coach	Yes (Accept)	No (Do Not Accept)
Dr. XXXXXXXX	☐	☐

Once your coach is confirmed, I will provide additional instructions regarding scheduling your session, downloading your report, and session expectations.

Signature: _____ **Date:** _____

Please return the completed form to:
Lisa Fleet, Education Specialist, OPED
E-mail: lfleet@mun.ca

NL360+ Peer Coaching

Name of Peer Coach: Dr. XXXXXX

Dear Dr. XXXXX,

Thank you again for agreeing to be a peer coach for NL360+.

Your assigned participants are listed below. Please indicate if you are able/unable to coach each participant. Given NL's small physician population, it is recognized that you may know one or more of these participants. However, please indicate "unable to coach" if you feel there is any current or previous conflict of interest which would influence your ability to coach any of these participants.

Participant	Yes (Able to Coach)	No (Unable to Coach)
Dr. XXXXXXXX	☐	☐
Dr. XXXXXXXX	☐	☐

Once your participants are confirmed, I will provide additional instructions regarding scheduling your session, downloading reports, and session expectations.

Signature: _____ **Date:** _____

Please return the completed form to:
Lisa Fleet, Education Specialist, OPED
E-mail: lfleet@mun.ca

Appendix E

Participant/Peer-Coach Instructions & Expectations

NL360+: A Multisource Feedback & Peer-Coaching Program
Participant/Peer Coach Instructions & Expectations

Thank you again for volunteering to participate in NL360+. The following information will help guide you through this process.

Participants

- Log into https://www.med.mun.ca/nl360/
- Go to "MY ACCOUNT"
- Go to "DOCUMENTS" to view your MCC 360 results (2 files – Report & Tip Sheet)
- You will only be able to view or print your pdf files from the NL360+ website.
- You will be able to download electronic versions of the files from your MCC 360 portal.

Peer Coaches

- Log into https://www.med.mun.ca/nl360/
- Go to "MY ACCOUNT"
- Go to "DOCUMENTS" to view the MCC 360 results (2 files – Report & Tip Sheet) for each of your assigned participants
- You will only be able to view or print the pdf files from the NL360+ website.

To Schedule Coaching Sessions

- Log into https://www.med.mun.ca/nl360/
- Click on the "COACHING CALENDAR" and follow the steps for scheduling a session.
- Both coaches and participants have access to the Coaching Calendar and can suggest a date/time.
- Once a date/time is suggested by one person, the other will receive an e-mail notification of a proposed session. You then log into the NL360+ website to accept the session or suggest another date/time.
- You may also contact each other by phone/e-mail if that is preferred.

Expectations

- 2 coaching sessions (approx. 1 hour each) – one session now and one session in approximately 6 months (Lisa Fleet, OPED will send a reminder).
- It's up to the coach and participant to determine how they would like to meet - in-person, facetime/skype, telephone, etc.
- Coaches will guide participants through their report and tip sheet, using **Section 3 of the report (pages 12-14) as a guide**.
- Participants, with support of coaches, will work towards completing **Section 3 in their reports (pages 12-14), in particular the learning change or action plan** (**pages 13-14**).
- Participants and coaches will re-visit this learning or action plan during the 2nd peer coaching session to discuss successes in implementation, barriers, etc.
- ***Please notify Lisa Fleet, OPED (lfleet@mun.ca) when you have completed your 1st coaching session.***

Participant Reminder

- Completion of the two (2) peer coaching sessions is required.
- Your completed learning change or action plan is for your personal use and supporting documentation for claiming CPD credits (if required by the CFPC or RCPSC). It will not be collected by Lisa Fleet (OPED) as part of the pilot program.
- Once you have completed the two peer coaching sessions, Lisa Fleet (OPED) will provide you with documentation to claim CPD credits.

Peer Coach Reminder

- Your participants' MCC 360 reports are confidential.
- Please securely destroy any paper copies of your assigned participants' MCC 360 reports, tip sheets, action plans, etc. immediately after completion of the peer coaching sessions.

Appendix F

Evaluation Instruments (Participants and Peer-Coaches)

Post-Assessment Qualtrics URL
https://mun.az1.qualtrics.com/jfe/form/SV_4OsZjh6yaVYbdJj

Pre-Assessment

What is one thing you feel you do well regarding your clinical practice?				
What is one thing you feel you could improve regarding your clinical practice?				
How would you rate your current skills in the following categories?	Need significant improvement	Need improvement	Competent	Significant strength
As a **collaborator** You work effectively with other health-care professionals to provide safe, high-quality, patient-centered care.	☐	☐	☐	☐
As a **communicator** You form relationships with co-workers, patients and their families that facilitate the gathering and sharing of essential information for effective health care.	☐	☐	☐	☐
As a **professional** You are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.	☐	☐	☐	☐

Self-Directed Learning (SDL) is a process in which individuals take the initiative, with or without the help of others, in identifying their learning needs, formulating goals, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes.[1] Please rate your readiness for SDL using the following items.[2]

	SD	**D**	**N**	**A**	**SA**
I know what I need to learn.	1	2	3	4	5
Regardless of the results or effectiveness of my learning, I still like learning.	1	2	3	4	5
I strongly hope to constantly improve and excel in my learning.	1	2	3	4	5
My successes and failures inspire me to continue learning	1	2	3	4	5

I enjoy finding answers to questions.	1	2	3	4	5
I will not give up learning because I face some difficulties.	1	2	3	4	5
I can pro-actively establish my learning goals.	1	2	3	4	5
I know what learning strategies are appropriate for me in reaching my learning goals	1	2	3	4	5
I set the priorities of my learning.	1	2	3	4	5
Whether in clinical practice, classroom or on my own, I am able to follow my own plan of learning.	1	2	3	4	5
I am good at arranging and controlling my learning time.	1	2	3	4	5
I know how to find resources for my learning.	1	2	3	4	5
I can connect new knowledge with my own personal experiences	1	2	3	4	5
I understand the strengths and weakness of my learning	1	2	3	4	5
I can monitor my learning progress.	1	2	3	4	5
I can evaluate on my own my learning outcomes.	1	2	3	4	5
My interaction with others helps me plan for further learning.	1	2	3	4	5
I would like to learn the language and culture of those whom I frequently interact with.	1	2	3	4	5
I am able to express messages effectively in oral presentations.	1	2	3	4	5
I am able to communicate messages effectively in writing.	1	2	3	4	5

1=SD (strongly disagree); 2=D (disagree); 3=N (neutral); 4=A (agree); 5=SA (strongly agree)

[1]Knowles M. Self-directed learning: a guide for learners and teachers. New York: Association Press; 1975. p. 18.

[2]Items adapted from: Cheng SF, Kuo CL, Lin KC, Lee-Hsieh J. Development and preliminary testing of a self-rating instrument to measure self-directed learning ability of nursing students. Int J Nurs Stud 2010;47(9):1152-58.

Post-Assessment

Now that you have completed NL360+:

How would you rate your current skills in the following categories?	Need significant improvement	Need improvement	Competent	Significant strength
As a **collaborator** You work effectively with other health-care professionals to provide safe, high-quality, patient-centered care.	☐	☐	☐	☐
As a **communicator** You form relationships with co-workers, patients and their families that facilitate the gathering and sharing of essential information for effective health care.	☐	☐	☐	☐
As a **professional** You are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.	☐	☐	☐	☐

Please rate your readiness for SDL using the following items.[1]

	SD	**D**	**N**	**A**	**SA**
I know what I need to learn.	1	2	3	4	5
Regardless of the results or effectiveness of my learning, I still like learning.	1	2	3	4	5
I strongly hope to constantly improve and excel in my learning.	1	2	3	4	5
My successes and failures inspire me to continue learning	1	2	3	4	5
I enjoy finding answers to questions.	1	2	3	4	5
I will not give up learning because I face some difficulties.	1	2	3	4	5
I can pro-actively establish my learning goals.	1	2	3	4	5
I know what learning strategies are appropriate for me in reaching my learning goals	1	2	3	4	5
I set the priorities of my learning.	1	2	3	4	5
Whether in clinical practice, classroom or on my own, I am able to follow my own plan of learning.	1	2	3	4	5

I am good at arranging and controlling my learning time.	1	2	3	4	5
I know how to find resources for my learning.	1	2	3	4	5
I can connect new knowledge with my own personal experiences	1	2	3	4	5
I understand the strengths and weakness of my learning	1	2	3	4	5
I can monitor my learning progress.	1	2	3	4	5
I can evaluate on my own my learning outcomes.	1	2	3	4	5
My interaction with others helps me plan for further learning.	1	2	3	4	5
I would like to learn the language and culture of those whom I frequently interact with.	1	2	3	4	5
I am able to express messages effectively in oral presentations.	1	2	3	4	5
I am able to communicate messages effectively in writing.	1	2	3	4	5

1=SD (strongly disagree); 2=D (disagree); 3=N (neutral); 4=A (agree); 5=SA (strongly agree)

[1]Items adapted from: Cheng SF, Kuo CL, Lin KC, Lee-Hsieh J. Development and preliminary testing of a self-rating instrument to measure self-directed learning ability of nursing students. Int J Nurs Stud 2010;47(9):1152-58.

NL360+: A Multisource Feedback & Peer-Coaching Program
Participant Evaluation Survey

Qualtrics URL
https://mun.az1.qualtrics.com/jfe/form/SV_8rgPgu9Z1KaH6iV

I. About You

a. Specialty:
- ☐ Family Medicine
- ☐ Other Specialty

b. Type of Practice (check all that apply):
- ☐ Solo
- ☐ Group
- ☐ Hospital-Based
- ☐ Other (please specify): _____

c. Years of Experience:
- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ > 20 years

d. Regional Health Authority:
- ☐ Eastern Health (St. John's Metropolitan Area)
- ☐ Eastern Health (outside St. John's Metropolitan Area)
- ☐ Central Health
- ☐ Western Health
- ☐ Labrador-Grenfell Health

e. Population of Community of Practice:
- ☐ < 2,000
- ☐ 2,000-9,999
- ☐ 10,000-20,000
- ☐ > 20,000

f. Gender:
   - ☐ Male
   - ☐ Female
   - ☐ I do not wish to answer
   - ☐ Another Gender Identity (optional to specify): _____

g. I am:
   - ☐ Fee-for-service
   - ☐ Salary
   - ☐ Other (please specify): _____

h. Prior to your participation in NL360+, previous experience with (check all that apply):
   - ☐ Multisource feedback
   - ☐ Peer-coaching (as a recipient)
   - ☐ Peer-coaching (as a coach)
   - ☐ Developing a personal learning/action plan

II. The NL360+ Program Experience

a. Overall Satisfaction

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Registration via the NL360+ web portal	1	2	3	4
The MCC 360 registration process	1	2	3	4
Your MCC 360 Report and Tip sheet	1	2	3	4
The peer-coach/participant matching process	1	2	3	4
Scheduling sessions with your peer-coach via the Coaching Calendar on the NL360+ website (if applicable)	1	2	3	4
MCC 360 resource (pages 12-14 of the report) - reflecting on your report and developing an action plan	1	2	3	4

Comments:

b. Your MCC 360 Report

	Strongly Disagree	Disagree	Agree	Strongly Agree
The feedback from my **physician colleagues** was valuable.	1	2	3	4
The feedback from my **non-physician co-workers** was valuable.	1	2	3	4
The feedback from my **patients** was valuable.	1	2	3	4
Overall, my MCC 360 Report provided me with meaningful information about my practice.	1	2	3	4
Overall, my MCC 360 Report helped me reflect upon and understand what I do well in my practice.	1	2	3	4
Overall, my MCC 360 Report helped me reflect upon and understand what I can improve in my practice.	1	2	3	4

c. Peer-Coaching

	Strongly Disagree	Disagree	Agree	Strongly Agree
Meeting with my peer coach was useful.				
The first session with my peer coach helped me reflect on my results.	1	2	3	4
The first session with my peer coach facilitated the development of my personal learning plan.	1	2	3	4

	Strongly Disagree	Disagree	Agree	Strongly Agree
The second session with my peer coach was useful for following-up on my personal learning/action plan.				
The timing of the peer-coach sessions (6 months apart) was appropriate.	1	2	3	4

d. What did you find most valuable in regards to the peer-coaching experience?

e. Do you have any suggestions for enhancing the peer-coaching experience (i.e. timing between sessions, structure, etc.)?

f. Based on this experience, do you think it is necessary for the peer-coach to be a physician? Do you think your coaching experience would have been different with a non-MD coach?

III. Impact of the NL360+ Program on your Practice

a. Did your participation in this program influence you to make any changes in your practice?

- ☐ Yes
- ☐ No

If yes, what aspect(s) of this experience influenced you to make this change (please check all that apply)?

- ☐ Review of my MCC 360 results
- ☐ Review of my MCC 360 results with a peer-coach
- ☐ Developing a learning/action plan based on my MCC 360 results
- ☐ Follow-up on my personal learning/action plan with a peer-coach

Other (please specify): _____

b. Did you refer to your personal learning/action plan after the peer-coaching sessions ended?*

- ☐ Yes
- ☐ No

If yes, how effective were the personal learning/action plans in implementing changes to your practice?*

- ☐ Not at all effective
- ☐ Slightly effective
- ☐ Somewhat effective
- ☐ Very effective

c. What, if any, barriers did you encounter to implementing your personal learning/action plan?

d. How did the NL360+ program experience impact your practice overall?*

- ☐ No impact
- ☐ Slight positive impact
- ☐ Moderate positive impact
- ☐ Significant positive impact

**These questions are copyright of Saegis and the Medical Council of Canada and used with permission of Saegis and the MCC.*

IV. Final Comments

a. Would you recommend the NL360+ program to your colleagues?

- ☐ Yes
- ☐ No

Please explain:

b. What recommendations would you make for future program implementation?

c. Would you be willing to pay a fee to participate in NL360+?

- ☐ Yes
- ☐ No

Please explain:

d. Would you be willing to tell us more about your NL360+ program experience via a short telephone or WebEx call? If yes, please provide your name and contact information below.

Name: _____

Contact Information (E-mail or Phone) to arrange an interview date/time:
_____

NL360+: A Multisource Feedback & Peer-Coaching Program
Participant Interview Guide

Thank you for responding to the survey and for agreeing to a follow-up interview. The purpose of this interview is to further explore your survey responses as related to each of the following areas:

1. Overall satisfaction with the NL360+ program experience.

2. Your initial reaction to the feedback you received via your MCC 360 Report.

3. The peer-coaching experience.

4. Impact of the NL360+ program on your practice.

5. Overall recommendations for future program delivery.

NL360+: A Multisource Feedback & Peer-Coaching Program
Interview Guide (Peer-Coaches)

1. What were your overall impressions of the NL360+ program?

2. From your perspective, what successes and challenges did you experience as a peer-coach?

    a. Were you able to support development and/or implementation of the participant's personal learning plan?

3. Did the training you received prepare you for the peer-coaching experience?

4. How did you benefit from participating as a peer coach in NL360+?

5. How can we improve the overall NL360+ experience for peer-coaches?

6. What recommendations would you make for future program delivery?

Appendix G

Environmental Scan – MRA E-mail Template and Questions

MRA E-mail Template

Good morning/afternoon,

My name is Lisa Fleet and I am an Education Specialist with the Office of Professional & Educational Development (OPED), Faculty of Medicine, Memorial University.

OPED is currently piloting NL360+: A Multisource Feedback & Peer-Coaching Program, which involves volunteer physicians completing the Medical Council of Canada (MCC) 360 multisource feedback program and participating in two sessions with a physician peer coach. This pilot program is supported by an unrestricted educational grant from the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL).

As part of the pilot evaluation report, I am conducting an environmental scan of physician QI/QA programming across Canada to inform recommendations for the future implementation and sustainability of NL360+. I have reviewed the information available via your website related to program and would appreciate if you had time to provide me with some additional information (Word file attached). This information will be included in the pilot evaluation report submitted to the CPSNL.

Please feel free to add your responses to the Word file and return it to me via e-mail. If more convenient, we can also discuss your responses via phone or WebEx.

I look forward to your response.

Questions

1. How do you cover the operational expenses associated with the program?

    a. Revenue from annual licensure fees?
    b. Revenue from other operational sources?
    c. External funding, i.e. from your provincial government and/or medical association?
    d. Other sources?
    e. Are participants expected to cover any costs associated with program participation?

2. (If applicable) Does the program include a multisource feedback component?

    a. If yes, do you use the Medical Council of Canada (MCC) 360?

3. Are the program coaches/reviewers/assessors physicians?

4. Do the program coaches/reviewers/assessors receive any compensation for their involvement in the program?

5. (If applicable) Are program participants able to claim continuing professional development (CPD) credits from their respective Colleges (i.e. College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Collège des médecins du Québec)?

6. Is there any additional feedback which you think the CPSNL should consider in terms of the future program implementation and sustainability of NL360+?

Appendix H

Environmental Scan – Similar Physician Programming in Other Jurisdictions

Environmental Scan – Similar Physician Programming in Other Jurisdictions

Program	Responsible Organization/Contact	Participation Requirements	Program Requirements	Certification/ Accreditation	Participant/ Other Fees	Program Funding
• Physician Peer Review Nova Scotia (PPR-NS) https://cpsns.ns.ca/physician-practice/physician-peer-review/	• CPSNS • Rhonda Kirkwood, Director, Physician Performance rkirkwood@cpsns.ns.ca	• Currently only includes family physicians in the process. • Cycle is once every 7 years • Overall eligibility is reviewed annually through the College's annual licence renewal process. To be eligible, you must: o Have an active clinical component to your medical practice. o Been in practice for > 3 years. o Not have completed a peer review with the College in the last 7 years. o Hold a full or conditional medical license. • Peer reviewers are physicians.	• Participants are streamed into one of two initial types of reviews: o Standard, onsite practice assessment: ▪ Site visit ▪ Discussion of risk and supportive factors affecting the physician's practice ▪ A review of the physician's approach to practice improvement o A physician may be offered the option of off-site screening review in lieu of a full onsite visit: ▪ Review of patient records and an assessment of the quality of care the physician provides o Both a written report and one-on-one feedback by telephone from the physician's peer reviewer is provided. • There is no MSF component.	• Mainpro+ certified assessment activity (completing the program in full) • Option to complete the Linking Learning to Practice for additional credits • Reviewing your report can be considered a non-certified activity.	• There are no participant fees. • Peer reviewers are paid at a rate of $150/hour. Each peer review costs approximately $1,100.	• PPR-NS funded via revenue from annual licensure fees. • There are no other operational or external sources of funding.

Program	Responsible Organization/Contact	Participation Requirements	Program Requirements	Certification/ Accreditation	Participant/ Other Fees	Program Funding
• Professional Practice Enhancement Program (PPEP) http://www.cmq.org/page/en/surveillance-amelioration-exercice.aspx	• Collège des Médecins du Québec • Dr. Ernest Prégent, Directeur epregent@cmq.org	• All physicians • Not mandatory - physicians who are required to participate are identified via risk factors. • Once a visit is planned, a physician cannot refuse to collaborate. • Note: Quebec has a bylaw which requires annual continuing medical education (minimum 25 hours).	• Three levels of intervention: o Level one – Monitoring using clinical and administrative indicators. o Level two – Additional evaluation of certain physicians. o Level three – In-depth evaluation of needs of certain physicians (Professional Inspection Visit which consists of a peer assessment). • PPEP consists mainly of level three interventions. Evaluate individual physicians, but also those who practice in institutions. • PPEP does not include multisource feedback. The Code des professions du Québec stipulates that the evaluation of practice is only conducted by peers.	• Can use hours of practice evaluation towards CME requirements in Quebec. • Use terminology of hours in QC and not credits.	• There are no participant fees unless a participant cancels for a non-urgent situation. If this occurs, they would be responsible for the standard cost of the professional inspection (inspector + external physician acting as expert in the field of the participant). • Peer assessors are paid by the CMQ according to fee standards decided by the Administrative Council.	• PPEP funded via annual licensure fees. • There are no other operational or external sources of funding.
• Quality Improvement (QI) Program https://www.cpso.on.ca/Physicians/Your-Practice/Quality-in-Practice/QI-Program	• CPSO • Tracey Marshall, Supervisor, QI & QA, Quality Management	• Currently only for family physicians, but other specialities will be added starting in 2021	• Can complete at your own pace • Operated through a learning management system and has multiple parts: o QI survey – will provide the College with current and	• Potentially up to 34 Mainpro+ Certified credits: o Practice profile – 6 credits	• QI program – no other participant fees. • Note: in the QA program, a physician will be charged $2,900 for a second	• A portion of membership fees support both the QI and QA programs.

Program	Responsible Organization/Contact	Participation Requirements	Program Requirements	Certification/ Accreditation	Participant/ Other Fees	Program Funding
	TMARSHALL@cpso.on.ca	• Five year cycle – once complete, exempt from process for 5 years • Not currently mandated by legislation, but if you withdraw, may be required to undergo a peer assessment (which is mandatory) • Overall time commitment ~ 12 hours. Physicians have 3 months to complete the components and submit the practice improvement plan. • QI coaches are physicians. Some are assessors from the QA program.	detailed information about a practice. o Practice profile – independent self-assessment designed to educate physicians about the evidence-based risk and support factors that could impact their practice. o Self-guided chart review – will engage physicians in self-reflection and talking with their peers when developing a practice improvement plan. o Data driven quality improvement tool – designed to get physicians looking at their own practice data to reflect on how they deliver health care to their patients and to identify opportunities for improvement. o Practice improvement plan – physicians will identify areas of strength and areas for potential improvement in their practice. This plan will be reviewed by the College.	o Self-guided chart review – 6 credits o Data drive QI – 6 credits o Practice improvement plan – 6 credits o Implementing 2 PIP goals – 10 credits (5/goal) o QI coaching – variable depending on time spent	reassessment of their practice. • QI coaches are compensated with a per diem of $170/hour.	

Program	Responsible Organization/Contact	Participation Requirements	Program Requirements	Certification/ Accreditation	Participant/ Other Fees	Program Funding
			○ One-on-one coaching – will be available where appropriate. This is available from a CPSO Medical Advisor/QI Coach. • No multisource feedback component, but coaching can be provided utilizing the R2C2 method. • Anticipate the overall time commitment as approximately 12 hours. • Three (3) months to complete the program and submit your practice improvement plan.			
• Quality Improvement Program http://cpsm.mb.ca/standards/quality-improvement-program	• CPSM • Patti Riege, Program Coordinator, Quality Improvement quality@cpsm.mb.ca	• Mandatory, random selection • Operate on a 7 year cycle • Pre-screening questionnaire to determine eligibility • All College Advisors and site reviewers must be physicians. Site reviewers must complete the CPSM Auditor Training Workshop prior to performing peer reviews. Physicians who have retired are eligible to	• Once eligible, the physician receives a 2nd questionnaire to provide more detailed information re: practice location and daily practice. • This information is reviewed by the CPSM and physicians are assigned to different review categories by two methods: ○ A percentage will be randomly selected into each review category. ○ Questionnaires will be reviewed to look at factors	• QI program has received CPD certification from the CFPC and the RCPSC.	• Participants who undergo follow-up chart reviews are expected to reimburse the CPSM for any associated costs. Otherwise, no participant fees. • Consultant advisors and reviewers receive an honorarium for their involvement in the program.	• QI Program funded via revenue from annual licensure fees.

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		participate as a reviewer for up to 3 years past their retirement date to ensure a reviewer's clinical and/or administrative skills are current/relevant when assessing their peers.	that may be supportive for a high quality of care and factors that may increase the risk for poor quality care. These factors may affect the type of review category selected. • Review categories: o Category 1: ▪ Most participants ▪ Review of practice information and prescriber profile (when available). ▪ Submission of an action plan for practice improvement, provided written feedback related to their plan, and other resources o Category 2: ▪ Review of practice information and prescriber profile (when available). ▪ Randomly assigned to off-site chart review or the **MCC 360**. ▪ Submission of an action plan for practice improvement.			

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			▪ Face-to-face or telephone meeting with a College advisor to discuss their practice, review the results of their review, and review the action plan. o Category 3: ▪ Review of practice information and prescriber profile (when available). ▪ Undergo the **MCC 360**. ▪ Off-site visit by two reviewers and chart review. • CPSM will follow-up with all participants after 1 year to review the outcomes of their action plans.			
• Practice Enhancement Program for Saskatchewan Physicians (PEPSask) http://www.pepsask.ca/	• Administered by a committee of 6 SK physicians appointed by the CPSS, 3 of whom are nominated by the SMA. The committee is Co-chaired by a nominee from the CPSS and a	• 5 year cycle • Annual, random selection within identified groupings • Physician Assessors: o Has had an office assessment carried out on his/her practice.	• Have recently updated the program. • Using **MCC 360** (including a follow-up telephone interview), along with other criteria developed, to assist the committee in streaming	• Will be able to access CPD credits for completion of MCC 360. • Currently under review in terms of the office assessment component.	• No. All costs are paid completely by the program. • Physician Assessors are paid for their training, as well as the assessments/re-	• Supported through equal funding annually from the CPSS, Medical Services Branch of the Saskatchewan Ministry of Health, and the Saskatchewan Medical Association.

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	nominee from SMA. The PEP committee functions independently of the organizations represented. Information obtained in the process of an office assessment remains the property of PEP and cannot be used by any committee of the funding organizations for any disciplinary purpose. • Jody Semenoff – Program Coordinator jody.semenoff@usask.ca • Nicole Kopp – Program Assistant nicole.kopp@usask.ca	o Will have practiced in SK for > 5 years, and must be currently in practice. o Must be willing to commit to carrying out four to ten assessments per year. o Will not have been a subject of a review with adverse conclusion within the last five years from the CPSS, the Joint Medical Professional Review Committee (JMPRC), or any significant body determining adequate competency. o Is not a current member of the College Council, SMA Board or the JMPRC.	candidates into one of two streams. o Stream 1 – No further assessment required. o Stream 2 – A complete in-office assessment will be required. • A percentage of physicians will be randomly placed into Stream 2 in order to adhere to PEP's mandate. • Physician facilities and practice organization questionnaire • Full office assessment including office visit and physician interview • Final report		assessments they carry out.	
• Multi-Source Feedback+ (MSF+) http://www.cpsa.ca/your-practice/msf-plus/	• CPSA • Phong Van, Director, Continuing Competence phong.van@cpsa.ab.ca	• Mandatory, random selection • Family physicians and specialists • Members are required to complete a Quality	• **MCC 360** and one of the following: o CPSA Standards of Practice (SOP) review o Peer record review o Self-administered record review	• Family Physicians o 13.5 MAINPRO+ credits • Specialists	• No participant fees. • MD facilitators are contracted annually on an hourly rate plus honorarium expense terms.	• MSF+ funded via revenue from annual licensure fees. • Operational budget approved by Council.

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		Improvement initiative at least every 5 years	o Prescribing performance and CPSA registration data • Phone call with MSF+ Physician Facilitator (trained using R2C2 model). • Develop action plan (template provided) • 6 month check in with facilitator	o Encouraged to apply to RCPSC for MOC credits		
• Physician Practice Enhancement Program https://www.cpsbc.ca/programs/ppep	• CPSBC • Nadya Castro, Director Physician Practice Enhancement Program ncastro@cpsbc.ca	• Mandatory • Selection may be: o Random: Any physician in independent practice & < age 70. o Clinic-based: When a physician randomly selected is part of a multi-physician clinic, all colleagues will be contacted to participate. o Risk-prioritization: Physicians who are collegially unsupported, work in solo practice, & > age 70. • Assessment cycle set by the Quality Assurance Committee	• Pre-assessment: o Pre-visit questionnaire to describe type of practice. Reviewed to determine eligibility with eligible physicians moving forward in the assessment process. • Assessment: o MSF assessment: ▪ **MCC 360** o Peer practice assessment of recorded care: ▪ Peer assessor review of medical charts. ▪ Physician and the assessor will discuss the outcome of the assessment and strategies for incorporating recommendations.	• Credits for completing MCC 360. • Assessed physicians are also able to access CPD credits for participating in an assessment program.	• Peer assessors are paid an honorarium in accordance with the College's Travel and Expense Policy.	• PPEP funded via revenue from annual licensure fees.

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		• Any time between 1-10 years (average 7-8 year cycle should be anticipated) • Peer Assessors: o Practicing physicians who have previously participated in the program. o Attends a training workshop and is paired for an assessment before conducting independent assessments.	o Office assessment: ▪ Assessment reviewed by PPEP medical advisor to identify opportunities for improvement. o Report generated and shared with the physician, including an overview of recommendations for improvements, directed actions, and ongoing education as required. • Post-assessment: o Physician provides feedback on the process.			