

January 2012 Pulmonary Journal Club

360- Review. Is it what we really need?

Lockyer JM, Clyman SG. Multisource feedback (360-degree evaluation). In: Holmboe ES, Hawkins RE, eds. Practical Guide to the Evaluation of Clinical Competence. Philadelphia: Mosby Elseiver; 2008:75-85.

This month's journal club focused not on a study but rather a review of a concept being applied in medical education-the 360-degree evaluation of clinical competence. This concept was initially developed in industry and was designed to review performance of employees in the absence of an on site supervisor. It has been adopted in the medical community and has become an ACGME requirement in the evaluation of fellows in training. The evaluation incorporates surveyed feedback from multiple personnel with the intent to identify strengths, weaknesses and areas of concern. Personnel often include nurses, pharmacists and patients themselves. The concept is simple, the more feedback received the better a physician you can potentially become.

The strengths of the 360-degree evaluation include the following:

1. The evaluation is based on work being done
2. Constructing the survey lends insight into areas that may have otherwise been neglected.
3. Evaluations can be measured against peers

The weaknesses include:

1. No standardization on what is to be surveyed or measured
2. No way to account for bias
3. Does not measure potential
4. No Randomized controlled studies to show it improves performance

I have to admit, the 360 concept is appealing, but the caveat is limiting what is being measured. Unlike other industries medical training is constantly supervised. Medical students are supervised by interns who are supervised by residents who are supervised by fellows who answer to attending physicians. This hierarchy has existed and flourished for generations, so why is there a need to expand? Perhaps it is because physicians rate other physicians based largely on knowledge, skill sets, and clinical competence and less so on intangibles such as collaborative efforts and behavior. The 360 review does have its place, and could be a useful too if measurements are restricted to observations such as communication skills, bedside manner, response to nursing concerns, and overall professionalism. In my opinion its role is most useful as a marker of professionalism in the work place. Hopefully we do not loose sight of this and expand its role into judging clinical competency which should remain in the hands of supervising physicians.

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