Evaluating the CanMEDS collaborator role in residents through multi-source feedback

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Background/Objectives To improve evaluation methods in assessing the CanMEDS role of Collaborator through multi-source feedback using the Interprofessional Collaborator Assessment Rubric (ICAR). Methods Pilot study - To determine inter-rater reliability of the ICAR. Anaesthesia residents were assessed on daily interactions over a two-week period by attending physicians during normal learning encounters. Inter-rater reliability assessed through Fleiss' Kappa and internal reliability measured through Cronbach’s alpha. On-going Research – 360-degree evaluation of medical residents by physicians, nurses, and allied health professionals to determine inter-rater reliability of ICAR from multiple medical professionals. Twenty residents, four in five various medical teaching unit, will be evaluated after a four week rotation by their attending physician, nurses, and allied health professionals (physiotherapists, occupational therapists, social workers, pharmacists, dieticians, etc). Inter-rater reliability assessed through Fleiss' Kappa and internal reliability measured through Cronbach’s alpha. Results The pilot study offered both quantitative and qualitative data. Quantitatively, the ICAR was found to be internally consistent with a Cronbach's alpha value of 0.87 (> 0.7 is cited as significant). However, the inter-rater reliability was -0.089 where > 0.7 is cited as significant. Qualitatively, comments from evaluating physicians noted that there should be push toward multi-source feedback. Conclusions The pilot study results have allowed our research team to progress to our current, on-going, research. Although the ICAR is a internally reliable tool, it, and resident assessment, needs to tested under appropriate evaluation conditions including incorporating multiple raters (physicians, nurses, and allied health professionals) over extended (non-daily) observation periods.