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CORR Insights®: Do 360-degree Feedback Survey Results Relate to Patient Satisfaction Measures?

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Where Are We Now?

It has been impossible to escape the term “pay-for-performance” in the medical world in recent years. Understanding what this term implies is far more difficult given the uncertainty surrounding the way health-care reform will shape the practice of medicine in the United States. Rewarding physicians based on patient satisfaction is one model for the implementation of pay-for-performance, however, the measurement and improvement of satisfaction is an evolving field [6]. In the current study, Hageman and colleagues report on the

correlation of 360-degree feedback and patient satisfaction and find that coworker ratings on this survey correlate well with patient perceptions. The business world has employed multisource feedback (of which the 360-degree survey is one type) as a tool for managers for many years [2], and this evaluation method has been explored as an adjunct in resident education [9]. As far back as 1999, the College of Physicians and Surgeons of Alberta piloted a voluntary multisource feedback program, the Physician Achievement Review, which was shown to change physician behavior based on the results of the survey given to

coworkers, staff, and patients [3]. The Physician Achievement Review program now has become mandatory on a 5-year cycle and serves as a model for other jurisdictions. Other examples of successful implementations of 360-degree feedback exist in medical education and in practice [4].

Where Do We Need To Go?

The study of Hageman and colleagues pilots a proprietary survey in a large single-specialty academic orthopaedic group. The methodology demonstrates a link between retrospective patient satisfaction data and 360-degree feedback results. The sample size does not allow for conclusions related to the relationship between patient complaints and survey results. Although this study does not answer practitioner questions regarding the measurement of quality of care, which would allow the implementation of pay-for-performance, it does suggest that prospective employers of physicians could better evaluate new hires on quality. The determination of prospective quality

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metrics associated with physician 360-degree survey results is required to elevate this line of research. We must also evaluate 360-degree results longitudinally to see if this feedback results in physician behavior change over time. Increased self-awareness and improved interpersonal performance are the intended results of multidirectional feedback programs [8].

How Do We Get There?

The next logical step in the implementation of 360-degree feedback surveys would be to demonstrate prospective patient satisfaction can be predicted by surveys, and that interventions related to the data captured by the multisource feedback program can improve patient satisfaction. These results would justify the resources required for implementation of these programs. Of particular value to orthopaedic surgery as a specialty would be the potential improvements in communication between surgeons and other medical team members. Various reports have focused on the need

to improve communication with patients [1, 5, 7], however, little research exists on the quality of communication between orthopaedic surgeons and other providers and still less data is available to demonstrate the effect of improved team functioning on patient care. I hope that this initial study will lead to further research that demonstrates interventions like 360-degree feedback can improve the performance of medical teams and increase patient satisfaction.

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