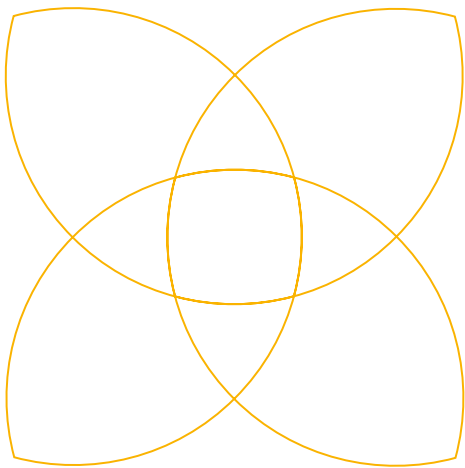




MSF / 360  
User Guide

- Medical Revalidation 
- MSF / 360 
- Job Planning 
- eLeave 
- Nurse Revalidation 
- Appraisal 4 All 




# MSF / 360 User Guide



## Contact SARD

### Get in touch with us

If you have any questions or feedback, please contact us either by phone or email

-  0208 771 4153
-  [info@sardjv.co.uk](mailto:info@sardjv.co.uk)
-  [www.sardjv.co.uk](http://www.sardjv.co.uk)

### Where to find us / write to us:

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SE19 3RY

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# 360 User Guide

## Introduction

As part of the Revalidation process, doctors are expected to complete a 360 Degree, or Multi-Source Feedback (MSF), report. This involves completing a Self-Assessment, as well as collecting feedback from colleagues and patients.

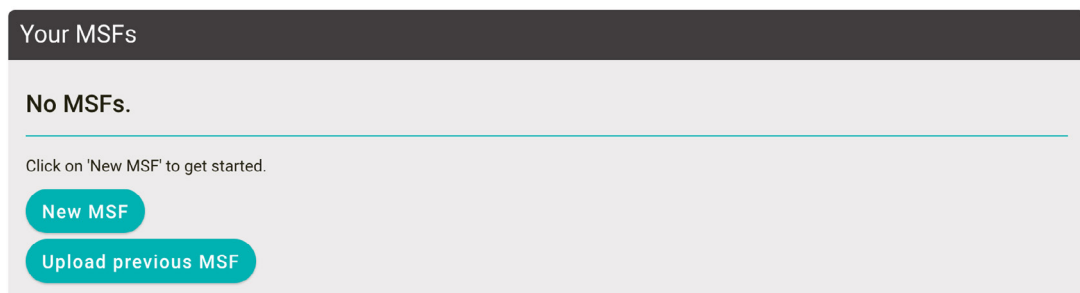
Along with the other supporting information you collect, this process should help to reflect on how you work and identify ways you can modify and potentially improve your practice.

The 360 process should be completed at least once every five years and it should form part of the discussion at your annual appraisal.

SARD 360 allows you to complete all elements of your Multi-Source Feedback in one place.

## 1 Getting Started

To begin an MSF round using SARD 360, click on the 'MSF' tab in the top menu, where you will be able to select 'New MSF' or 'Upload previous MSF'.



## 2 Adding a Previous MSF

If you have previously completed your MSF offline, or on a different system, you can select 'Upload Previous MSF' and add the relevant details. Ideally you should also attach a PDF or Word version of your report.

### Offline MSF

<p>* Completion Date (dd/mm/yyyy)</p> <input type="text"/>	<p><input checked="" type="checkbox"/> Includes Self Assessment</p> <p><input checked="" type="checkbox"/> Includes Patient Feedback</p> <p><input checked="" type="checkbox"/> Includes colleague feedback</p>
<p>Number of colleagues nominated: †</p> <input type="text"/>	
<p>Number of colleague questionnaires sent out: †</p> <input type="text"/>	
<p>Number of colleague questionnaires completed: †</p> <input type="text"/>	
<p>Number of patient questionnaires completed: †</p> <input type="text"/>	
<p>† leave blank if unknown</p>	
<p>Report Name</p> <input type="text"/>	
<p>Report File</p> <p><input type="button" value="Browse"/></p>	

### 3 Components of your MSF

During your five year revalidation cycle, it is required that you complete all forms of Multi-Source Feedback; with SARD 360 you can complete any combination of the different elements at any time during these five years. This is particularly useful if you want to collect further feedback from a particular area, without finalising the whole process, whilst being able to see a completed report on your other results. When beginning a new MSF, you will be prompted to select if this should include Self Assessment, Colleague Feedback and/or Patient Feedback. You can amend your choices at any time via the My MSF page, should your requirements change.

It is important to note that, unlike patient and colleague feedback, a complete MSF report cannot be generated for Self Assessment alone. Self-Assessment reports must include colleague feedback to be compared to.

#### Create a New Online MSF

- Includes Self Assessment
- Includes Colleague Feedback
- Includes Patient Feedback

## 4 Self Assessment

The Self Assessment questionnaire is based on the GMC template. It is designed to supplement the information obtained from the colleague and patient questionnaires and should be used for your own reflection.

You will be asked to rate your performance in various aspects of your practise on a scale from 'Poor' to 'Very Good'. If you feel you can't answer any of the questions, then please select 'Don't Know'.

There is also a comments box at the end of the questionnaire for you to record any additional thoughts.

You can save your progress at any time, or submit your responses by using the buttons at the bottom of the questionnaire.

Self Assessment

As part of a full 360° appraisal you should complete a self-assessment questionnaire.

Not Completed

Go to self assessment questionnaire
➔

1 Please rate yourself in each of the following areas by ticking one box along each line						
	Poor	Less than satisfactory	Satisfactory	Good	Very Good	Don't Know
a Clinical knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c Clinical decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e Prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Medical record keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g Recognising and working within limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h Keeping knowledge and skills up to date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i Reviewing and reflecting on own performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k Supervising colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l Commitment to care and wellbeing of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
m Communication with patients and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
n Working effectively with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o Effective time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

## 5 Colleague Feedback

You should nominate colleagues you believe will be able to provide suitable feedback on your working practice. This should include a mixture of medical and non-medical respondents.

The GMC recommend that you should nominate 25 colleagues, with the aim of receiving a minimum of 15 anonymous responses. These requirements vary at some trusts, so you should read the instructions on SARD carefully. If you are unsure, please contact your system administrator.

To nominate colleagues, simply select them from the dropdown of SARD users at your organisation. If the colleague you wish to nominate is not a SARD user, you can add their name and email address manually.

To help obtain a valuable scope of feedback, you should also indicate if the nominated individual is a manager or a colleague and whether they are a medical or non-medical respondent.

### Colleague Feedback

As part of a full 360° appraisal you should receive feedback from your colleagues. Please nominate 25 colleagues.

Once 25 have been nominated, at least 20 will be selected by your administrator and sent an online colleague questionnaire to complete. The nominated sample should be made up of a mixture of medical and non-medical colleagues.

The recommended minimum number of colleagues required to complete the questionnaire is 15.

0 colleague questionnaires completed

5 colleagues have been nominated.

1 colleagues questionnaires have been sent out.

0 colleague questionnaires have been completed.

1 colleague questionnaires are awaiting reply.

First Name	Last Name	Email	Relationship	Medical or non-medical	
me	me	mark.wimlett@nhs.net	Colleague	Non-medical	<a href="#" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 5px;">remove</a>
karen	small	karen.small@hotmail.com	Colleague	Non-medical	<a href="#" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 5px;">remove</a>
Julie T	Dobson	julie.dobson@example.com	Colleague	Medical	<a href="#" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 5px;">remove</a>
Peter	Piper	bluebell-7@hotmail.com	Colleague	Medical	<a href="#" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 5px;">remove</a>
Eleanor T	O' Monk	eleanormonk@rocketmail.com	Colleague	Medical	<a href="#" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 5px;">remove</a>

Once you have nominated a sufficient number of colleagues, click 'Notify Administrator'. They will then be prompted to send questionnaires to a selection of those nominated. The 'administrator' in this case may be your appraiser, or it may be the revalidation administrator at your trust, depending on your trust's configuration.

From this section you'll be able to see how many questionnaires have been sent out and how many have been completed, although the respondents will remain anonymous.

## 6 Patient Feedback

Many organisations will have different procedures for collecting and submitting patient feedback—if you are unsure how to proceed you should contact your system administrator.

This section contains a link to download and print the GMC patient questionnaire. It is important that this version is used to ensure it can be entered correctly onto the SARD system for reporting and benchmarking purposes.

**General Medical Council**  
Regulating doctors  
Ensuring good medical practice

**Patient questionnaire**  
for Dr \_\_\_\_\_

Licensed doctors are expected to seek feedback from colleagues and patients and review and act upon that feedback where appropriate.  
The purpose of this exercise is to provide doctors with information about their work through the eyes of those they work with and treat, and is intended to help inform their further development.  
**Please do not write your name on this questionnaire.**  
**Please base your answers only on the consultation you have had today.**  
Please mark the box like this  with a ball point pen. If you change your mind just cross out your old response and make your new choice.

Please write today's date here: / /

1 Are you filling in this questionnaire for:  
 Yourself  Your child  Your spouse or partner  Another relative or friend

If you are filling this in for someone else, please answer the following questions from the **patient's** point of view.

2 Which of the following best describes the reason you saw the doctor today? (Please tick all the boxes that apply)  
 To ask for advice  Because of an ongoing problem  For treatment (including prescriptions)  
 Because of a one-off problem  For a routine check  Other (please give details)

3 On a scale of 1 to 5, how important to your health and wellbeing was your reason for visiting the doctor today?  
Not very important  1  2  3  4  5 Very important

4 How good was your doctor today at each of the following? (Please tick one box in each line)	Poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply
a Being polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Making you feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Assessing your medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Explaining your condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Involving you in decisions about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Providing or arranging treatment for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Please decide how strongly you agree or disagree with the following statements by ticking **one** box in each line.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply
a This doctor will keep information about me confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b This doctor is honest and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 I am confident about this doctor's ability to provide care  Yes  No

7 I would be completely happy to see this doctor again  Yes  No

8 Was this visit with your usual doctor?  Yes  No

9 Please add any other comments you want to make about this doctor.  
Please note: No patients will be identified when this information is given to the doctor.

The next questions will provide the doctor with some basic information about who took part in the survey. If you are filling this in on behalf of a child or a patient with a disability, please provide details about the **patient**.

10 Are you:  Female  Male

11 Age:  Under 15  15-20  21-40  40-60  60 or over

12 What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background.

A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	B Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other Mixed background	C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other
--------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Please write in:

The GMC recommends that the survey is completed by a minimum of 34 patients, although your organisation may have different expectations. Some roles with limited practical patient interaction will also require a smaller sample size—the GMC website provides useful case studies for such scenarios.

You should ensure your name is at the top of each form, and we suggest that a questionnaire is handed out to every patient (or carer) during the survey period.

Specific details from your organisation of how to collect and where to send your completed surveys are included in this section. Once they have been submitted, they will be input onto the system. The traffic light system will indicate how many have been completed and entered.



## 7 Completing Your MSF

Once your self assessment and/or feedback is complete and you believe your MSF is ready for analysis, you can notify your administrator by clicking the button at the bottom of the page.

**Notify Administrator**

Once your self assessment and/or feedback is complete, you can notify your administrator that you believe your MSF is ready for analysis. By notifying the administrator, you are acknowledging that you are satisfied for the report to be generated with the number of questionnaires that have been returned.

**Notify Administrator**

By notifying the administrator, you are acknowledging that you are satisfied for the report to be generated with the number of questionnaires that have been returned.

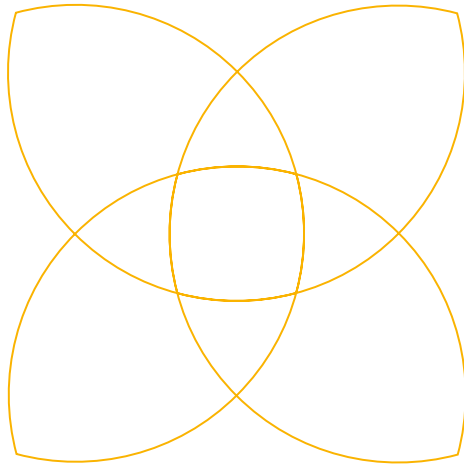
The administrator will then be able to check the content of your MSF, before generating a report. Once generated, this will be shared with you. If your trust also uses the SARD Medical Appraisal and Revalidation System, this report will automatically be attached to the relevant sections of your portfolio and appraisal.

## 8 MSF Report

The report will contain the results of your MSF. A score will be generated for each section based on the responses, as well as any additional comments.

The report also includes a benchmarking system, to compare your results to those of data collected for the GMC as part of a Peninsula study. This is designed to give an impression of how the responses compare and identify areas for discussion in appraisal. This benchmarking should not be considered a definitive reflection of your performance, as your MSF responses can be influenced by multiple external factors.

As usual let us know if you have any questions or comments via the live chat system or via email at [support@sardjv.co.uk](mailto:support@sardjv.co.uk).



Our promise is simple:  
Great Technology and  
Great Customer Service.



[www.sardjv.co.uk](http://www.sardjv.co.uk)