

Quality Assurance Peer and Practice Assessment

Multi-Source Feedback
Assessment Handbook - 2019



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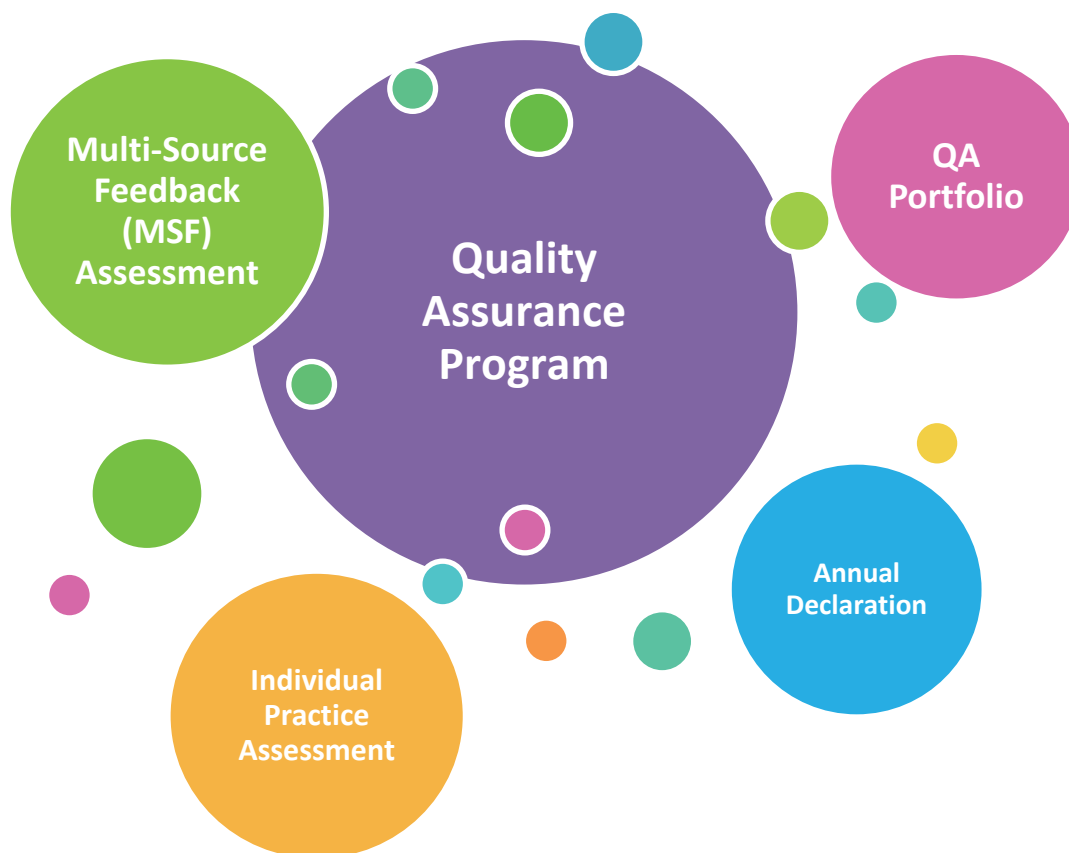
Introduction

Welcome to the College of Medical Radiation Technologists of Ontario Quality Assurance Peer and Practice Assessment Multi-Source Feedback (MSF) Handbook.

One of the key components of self-regulation of the profession of medical radiation and imaging technology in the public interest is the Quality Assurance (QA) program. The purpose of the QA program is to assure the quality of practice of the profession and to promote the continuing evaluation, competence and improvement among members.¹

The College's peer and practice assessment by means of a multi-source feedback (MSF) assessment is one of the core components of the QA program. An overview of the complete QA program can be found in the publication "Quality Assurance Program" on the College's website at www.cmрто.org.

This handbook describes the MSF assessment and explains the forms and material necessary for College members and others to complete.



¹ The requirements for the College's QA program are set out in the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act* (RHPA) and the quality assurance regulation (O.Reg. 375/12) made under the *Medical Radiation Technology Act* (MRT Act).

Peer and Practice Assessment by means of MSF Assessment

What is the MSF assessment?

The MSF assessment is a peer and practice assessment that assures the quality of the practice of the profession and promotes continuing evaluation, competence and improvement among the members. This assessment provides an overview of an individual member's performance in their practice setting at a given point in time. The MSF assessment provides a means to assess a member's knowledge, skills and judgment and how they actually perform in practice.

The MSF assessment includes surveys based on the College's standards of practice which are completed by three sources: self, peers and co-workers, and patients. A report of this assessment is prepared by the QA Committee, a copy of which is provided to the member.

The report provides two forms of feedback:

1. A formative/development evaluation which incorporates feedback regarding a member's performance in the practice setting from those who are in the best position to provide feedback – patients, peers and co-workers and the member themselves
2. A screening tool to help identify areas of practice that may require reflection, further assessment or continuing education or remediation in a specific area



Who completes the MSF assessment?

Individual members selected by the Quality Assurance (QA) Committee in accordance with the QA regulation are required to complete the MSF assessment. One of the methods the QA Committee uses to select members to complete the MSF assessment is random selection.² For 2019, 4% of the College's membership has been randomly selected to complete the peer and practice assessment by means of the MSF assessment.

Who is eligible to complete the MSF assessment?

In order to undergo a peer and practice assessment by means of the MSF assessment, a member must meet the following criteria:

- Be engaged in clinical practice
- Be practising in Ontario
- Have a sufficient number of patients, and peers or co-workers to complete the minimum number of surveys (ten patients, and four peers or co-workers)
- Be currently working with the peers and co-workers completing the surveys or have worked with them within the previous one-year period

If you believe that you do not meet the above criteria, you must immediately contact the College by email at qa@cmrto.org or by phone at 416.975.4353 or 1.800.563.5847.

If you believe that you do not meet the above criteria, you are required to notify the QA Committee by completing and submitting the necessary form no later than the date of the submission of the MSF assessment period.

What is the MSF assessment process?

The process for the MSF assessment is set out in the flow chart on page 7.

The deadline for submitting all the surveys for this year is **May 24, 2019**.

² O. Reg 375/12 provides that the QA Committee may require a member to undergo a peer and practice assessment if the member, (a) is selected in accordance with the Committee's practice of random selection for assessment which may include stratified random sampling; (b) is referred for a peer and practice assessment under clause 5(4)(c); (c) has previously undergone a peer and practice assessment and the Committee is of the opinion that the member should be reassessed; or (d) is selected on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria. O.Reg.375/12, s.7.

Components of the MSF Assessment

The MSF assessment includes three different surveys for each of the three sources: self, peer and co-worker, and patient.

Self-assessment Survey

- The self-assessment survey is based on the standards of practice using some of the indicators related to each practice standard. It provides an overview of an individual's practice
- You are required to complete the self-assessment survey

Peer and Co-worker Survey

- The peer and co-worker survey is based on the standards of practice using some of the indicators related to each practice standard. It provides an overview of an individual member's practice as observed by peers (other members of the College) and co-workers (who are other health professionals, receptionists, and managers, for example)
- 6 peer and co-worker surveys are required to be completed, with a minimum of 4

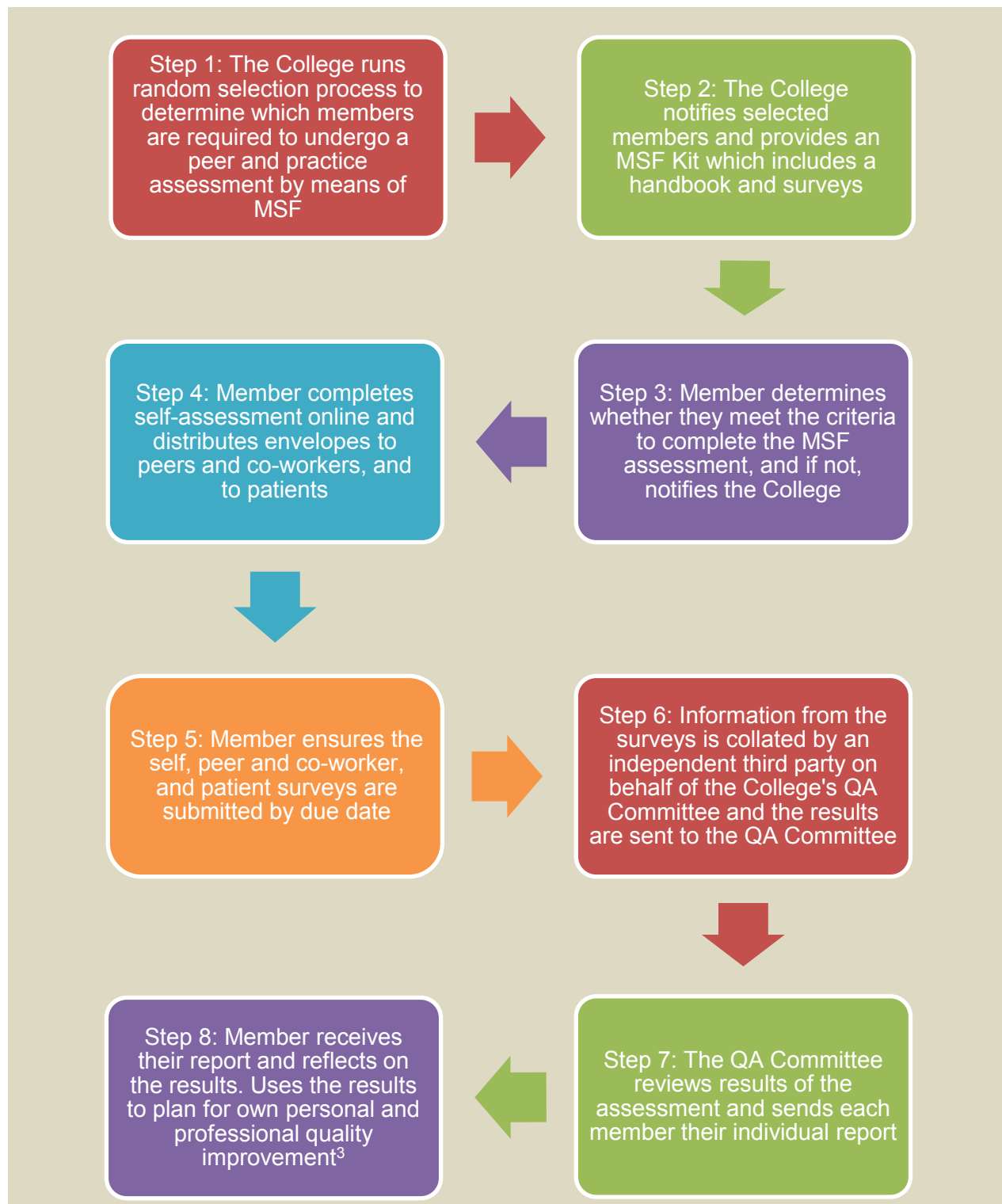
Patient Survey

- The patient survey is based on the standards of practice using some of the indicators relating to patient care. It provides feedback to the individual member from the patients they care for
- 15 patient surveys are required to be completed, with a minimum of 10

MSF Assessment Report

- The completed MSF surveys are collected by Cido Research, an independent third party, who collates and processes the data from the surveys on behalf of the College's QA Committee
- Using this data, the MSF assessment provides a self, peer and co-worker, and patient assessment of a member's practice, based on the standards of practice. A report regarding the results of the assessment is prepared, a copy of which is provided to the member. The MSF assessment report is confidential and is only used for the purposes of the QA program

The MSF Assessment Process



³ In some cases there may be results which warrant follow-up by the QA Committee for further assessment or continuing education or remediation

MSF Survey Instructions

Your Workplace

The College suggests that you make your employer aware that you are going to conduct the MSF assessment in your place of employment.

Speak to your manager and explain that you have been randomly selected to undergo the College's MSF assessment. If your manager would like further information, they can contact the office at 416.975.4353 or 1.800.563.5847 or visit the website at www.cmrto.org.

Self-assessment Survey

- You are required to complete the self-assessment survey electronically no later than **May 24, 2019**
- Go to www.cmrto.org, and click on the link "Quality Assurance Multi-Source Feedback Survey" located on the home page. You will then be prompted to enter your password which is located in your cover letter. Be sure to keep your password confidential. You will be asked to verify your college registration # and then select the desired function - "Self-assessment" and complete the survey

Peer and Co-worker Survey

- Peers and co-workers include other members of the College, and other health professionals, and co-workers. Examples include: nurses, physicians, health care aids, receptionists, and your manager/supervisor
- Select six peers and/or co-workers to complete the survey on your performance. It is important that you choose peers and co-workers who know you and understand your work, so they may provide accurate feedback. It is also important that you are currently working with your peers or co-workers or have worked with them in the past year
- Explain to your peers and co-workers that this is part of the peer and practice assessment for quality assurance for the College and that the surveys are based on the College's standards of practice. Explain to your peers and co-workers that this is routine for members of the College and many other health care professionals
- Ask each of your peers and co-workers to complete one survey electronically no later than **May 24, 2019**. The unique password is marked on the introduction letter in the envelopes marked "Peer and Co-worker".
- You are provided with eight envelopes. Six are for the peers and co-workers you have selected and two are extra envelopes. Included in each envelope is a letter to each of your peers and co-workers describing the purpose of the assessment and their role.

Each of your peers and co-workers must complete the survey online using a unique password. Instructions and the unique password to complete and submit the survey are provided in the letter in the enclosed envelope marked "Peer and Co-worker". A sample of the letter for your reference is on page 19-20.

**Be sure to inform your selected peers and co-workers of the due date of
May 24, 2019.**

**If you do not have enough peers and co-workers to participate, please contact
the College immediately.**

Patient Survey

- Ask 15 of your patients to each complete one survey contained in the envelope marked "Patient". You choose which patients you will ask to complete the survey. You do not need to select 15 consecutive patients
- Explain to your patients that this is routine for members of the College and some other health care professionals. Included with the patient survey is a letter describing the purpose of the assessment and the reason they have been asked to participate
- Ask each of your 15 patients to complete the paper survey while still in the department, to seal it in the envelope provided, initial the label on the back of the envelope to preserve confidentiality, and to return the sealed envelope to you or someone of your choosing. Mail the sealed addressed envelopes by the due date of **May 24, 2019**
- The patient survey is available in paper format only. You are provided with two extra envelopes in case you need them

What if my patients are unable to complete the survey due to illness, language difficulties or other reasons?

Approaching patients to complete a survey is complex. The member who is being assessed selects the patient. Here are some tips to consider in approaching a patient to complete the patient survey:

- Explain to the patient that this survey is routine for members of the College and other health care professionals
- If the patient does not want to participate, simply thank them for their time and ask the next patient
- If language, literacy or infirmity issues make it difficult for a patient to complete the survey, select a different patient, or perhaps a family member can be asked to assist the patient in filling out the survey. There may be instances where the member may ask the family

member to complete the survey. For example, a member who works with pediatric or geriatric patients may find that a family member is best suited to give the patient feedback. If you do select a family member, be sure that family member was involved in the procedure so that they are able to respond to the survey

- If you have a large number of patients in a day and you do not have time to give patients the survey, consider asking patients at the end of the day to complete the survey
- If you have a limited number of patients for an extended period of time, contact the College if you need an extension to complete 15 patient surveys
- Use your professional discretion when selecting patients to complete the survey to avoid burdening patients who are very ill, infirm or suffering trauma - ask another patient

Be sure to collect the sealed surveys back from the patients and mail them by the due date of May 24, 2019

If you do not have enough patients to participate, contact the College immediately.

Tips for Completing your MSF Assessment

The Deadline

- The deadline for having all of your surveys submitted is **May 24, 2019**. Be sure to document this on your calendar
- Complete your self-assessment online by the deadline
- Ensure that the six peers and co-workers you have selected know the deadline for submitting their surveys. You may want to check in with your peers and co-workers periodically before the deadline to make sure they have submitted them by the deadline
- Ensure you have selected your 15 patients and have their surveys completed, collected and mailed in by the deadline

Tracking Your Surveys

- The College's website contains a tool by which you are able to track your completed surveys. You will be able to track online which surveys have been received but you will not be able to access or see the content of the surveys that have been completed
- The tally page is a tracking tool which gives you an up-to-date status of surveys that have been received by the independent third party, Cido Research. It also allows you to maintain an electronic record of the names/initials of your peers and co-workers and how many of

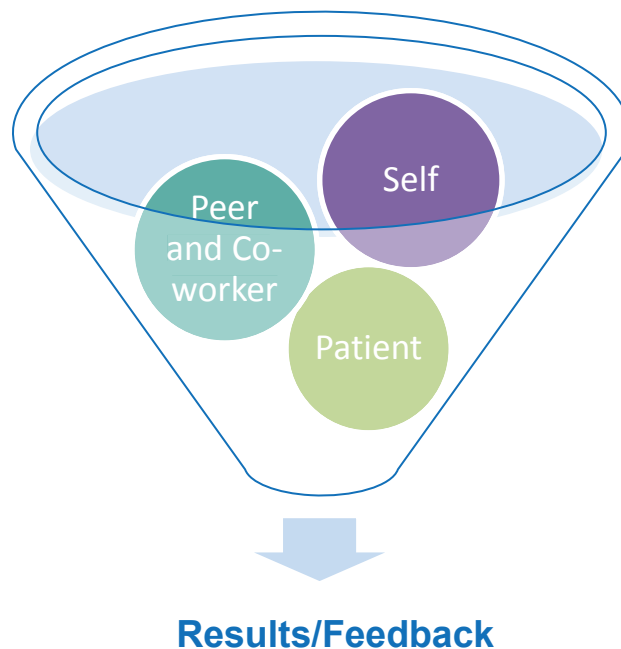
your patients have completed the surveys. Please do not include patient names on the online tally page

- To check the tally page online, go to www.cmrt.org, and click on the link “Quality Assurance Multi-Source Feedback Survey” located on the home page. You will then be prompted to enter your password located in your cover letter. Be sure to keep your password confidential. You will be asked to verify your college registration # and then select the desired function – “Access Tally Page”

MSF Assessment Report

Once the data is received, collated and processed by Cido Research on behalf of the QA Committee, the results of the assessment are sent to the College’s QA Committee for review.

A report regarding the results of the assessment will be sent to you. The report summarizes the data of your assessment.



Interpreting your Scores

What will I receive?

You will receive a letter from the QA Committee and a report regarding the results of the assessment that will provide you with feedback regarding your performance. The report provides you with your self-assessment rating, the averaged ratings from your peers and co-workers and the averaged ratings from your patients. These ratings are presented on a bar graph by each practice standard. You will also receive the average ratings by each survey statement.

How do I use the results?

The report regarding the results of the assessment will give you de-identified feedback about your performance and will assist you in your efforts for continuing quality improvement.

The MSF assessment provides you with information about your performance through your self-assessment and the feedback of those you work with and those to whom you provide a service. As such, it is useful information for members in terms of their personal and professional development and most members welcome the opportunity to reflect on the feedback about their performance.

Review the standards of practice which forms the basis of your assessment through the MSF assessment. Looking at the gaps between your peers and co-workers, self, and patient scores may help you identify areas of strength and also areas for improvement.

What happens if I receive some “unable to assess” responses?

“Unable to assess” responses are not applied to your average rating.

Privacy and Confidentiality

All member information received during the peer and practice assessment process is kept confidential and will be used for QA purposes only. Only persons involved with the QA program (e.g. the QA Committee, College staff and the independent third party, Cido Research) will have access to the results of the assessment. The purpose is to foster openness and candidness by members with the QA program.⁴

The College's Privacy Code is available on the College's website:

<https://www.cmrto.org/privacy-code/>

The *Regulated Health Professions Act* (RHPA) and the Health Professions Procedural Code are available on the College's website:

<https://www.cmrto.org/resources/legislation-regulations-by-laws/>



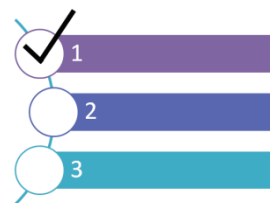
⁴ Information about members collected as part of the MSF assessment is kept confidential in accordance with the *Regulated Health Professions Act* (RHPA), the Health Professions Procedural Code and the College's Privacy Code.

CHECKLIST

MSF Checklist

Deadline date: May 24, 2019

Use this checklist to be sure you don't forget any steps in the process.



MSF Package

- Review the package and ensure you have all the necessary materials: Cover letter containing self-assessment password, eight peer and co-worker envelopes, 17 patient envelopes and the MSF Handbook

MSF Handbook

- Read the MSF Handbook
- Call the College if you have any questions about the process

Note the deadline date: May 24, 2019

Complete Self-assessment Survey online.

- Go to www.cmrtto.org and click on the link "Quality Assurance Multi-Source Feedback Survey" located on the home page and then click "Self-assessment"
- Your self-assessment password can be found on the cover letter of your MSF package

Peer and Co-worker Surveys

- Select six peers and co-workers to complete the surveys and explain the process to them (including the deadline). See page 8
- Reminder to peers and co-workers to complete the survey online

Patient Surveys

- Select 15 patients to complete the surveys and explain the process to them. See Pages 9 and 10
- Collect and mail in completed patient surveys

Online Tally Page

- Check the "Online Tally Page" to confirm all surveys have been received
- Go to www.cmrtto.org and click on the link "Quality Assurance Multi-Source Feedback Survey" located on the home page and then click on "Online Tally Page"



FAQs

1	How many peers and how many co-workers need to complete the surveys?	You must have at least six peers and co-workers complete the surveys. It is ideal to have six peers (other members of the College) to complete the survey as they know the standards of practice of the profession best. If you do not have six peers, you may ask other co-workers to participate in the MSF survey. These other co-workers can be nurses, physicians, managers and clerical staff, for example. It is important to select co-workers who are familiar with your practice. The peers or co-workers you ask to participate must be currently working with you or have worked with you within the last year.
2	What if I do not have sufficient numbers of peers and co-workers to complete the required number of surveys?	The MSF assessment ideally requires six peers and co-workers to complete the surveys. If you do not have six peers and co-workers, a minimum of four peers and co-workers is still acceptable.
3	What if I do not have sufficient numbers of patients to complete the required number of surveys or my patients are not able to complete the surveys?	The MSF assessment ideally requires 15 patient surveys to be completed. If this is difficult to achieve, a minimum of ten patient surveys is still acceptable.
4	What happens if I have less than four peers and co-workers, but I have 15 patients?	There are some members who may work in places such as independent health facilities (IHF) where they may be the only staff person on site. Although they may not have enough peers and co-workers for the MSF, they will have enough patients to meet the required number of surveys to be completed. If you are in this situation, please contact the College right away.
5	What happens if I do not have any patient contact because I work in an area such as administration or education?	There are some members who have very limited or no contact with patients because they work in areas such as management, IT/PACS administration or education, for example. If you are in a role with no patient contact, you may still be able to complete the MSF assessment. If you are in this situation, please contact the College right away.
6	What happens if I'm not working at all?	Contact the College right away if you are not currently practising.

7	What happens if I'm working at a facility outside Ontario?	Contact the College right away if you are not currently practising in Ontario.
8	What if my patients are unable to complete the survey due to illness, language difficulties or other reasons?	<p>Approaching patients to complete a survey is complex. The member who is being assessed selects the patient. Here are some tips to consider in approaching a patient to complete the patient survey:</p> <ul style="list-style-type: none"> • Explain to the patient that this survey is routine for members and other health care professionals • If the patient does not want to participate, simply thank them for their time and ask the next patient • If language, literacy or infirmity issues make it difficult for a patient to complete the survey, select a different patient, or perhaps a family member can be asked to assist the patient in filling out the survey. There may be instances where the member may ask the family member to complete the survey, for example, a member who works with pediatric or geriatric patients may find that a family member is best suited to give the patient feedback. If you do select a family member, be sure that the family member was involved in the procedure so that they are able to respond to the survey • If you have a large number of patients in a day and you do not have time to give patients the survey, consider asking patients at the end of the day to complete the survey • If you have a limited number of patients for an extended period of time, contact the College if you need an extension to complete 15 patient surveys <p>Use your professional discretion when selecting patients to complete the survey to avoid burdening patients who are very ill, infirm or suffering trauma - ask another patient.</p>
9	Who has access to my results?	All member information received during the peer and practice assessment process is kept confidential and will be used for QA purposes only. Only persons involved with the QA program (e.g. the QA Committee, College staff and the independent third party, Cido Research) will

		have access to the results of the MSF surveys about you. Your employer or manager will not receive any information from the MSF surveys about you.
10	How does the College use the results?	The QA Committee will review the results of the assessment. The vast majority of the results will cause no concern for the QA Committee. It is anticipated that some of the members assessed may have results which warrant follow-up by further assessment or continuing education or remediation. This process is in place to support and enhance the practice of members of the profession by non-punitive means.

CMRTO MSF Self-Assessment Survey



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

375 University Avenue
Suite 300
Toronto, Ontario
M5G 2J5

tel. 416.975.4353
fax. 416.975.4355
1.800.563.5847

Complete the survey online by visiting the College's website (www.cmrto.org). You will need your confidential password (located in the letter) to complete the survey online.

CMRTO#

You may access more information about the College and the Standards of Practice at www.cmrto.org.

Your Role: (Check all that apply)

☐ MRT(R) ☐ MRT(MR) ☐ MRT(N) ☐ MRT(T) ☐ DMS

☐ Clinical MRT / DMS ☐ Manager

☐ Educator ☐ Application Specialist

☐ IT or PACS Administrator ☐ Other, please specify: _____

This survey may be used by all College members whether providing direct patient care or not. If you are not providing direct patient care in your practice, you may be supporting the performance of the scope of the practice of the profession in your role as a manager, educator, IT or PACS administrator, applications specialist, or other roles through equipment management, writing policies, quality control, education or training.

Please rate your performance on these statements using the scale from 1-5 (1 = Very Poor, 2 = Poor, 3 = Satisfactory, 4 = Good, 5 = Very Good). If any of the items are NOT relevant to you, select "Unable to Assess". Circle the appropriate number in each row.

Statement	Standard/ Indicator	Very Poor 1	Poor 2	Satisfactory 3	Good 4	Very Good 5	Unable to Assess
1 I communicate clearly with others (e.g. patients, families, health professionals, clients, students)	5a, b, c, d, 6a	1	2	3	4	5	U/A
2 I verify or support others in verifying the patient's identity or data for all procedures	4e	1	2	3	4	5	U/A
3 I provide or support others in providing answers to questions from patients and patient substitute decision makers within the scope of the profession's responsibility	5c	1	2	3	4	5	U/A
4 I communicate in an effective way to establish and maintain professional relationships	6a	1	2	3	4	5	U/A
5 I provide or support others in providing clear and understandable information to patients or patient substitute decision makers before, during and after procedures	5a	1	2	3	4	5	U/A
6 I ensure or support others to ensure that patient consent has been obtained	3h	1	2	3	4	5	U/A
7 I ensure or support others to ensure that the appropriate order authorizing the performance of the procedure is in place	3d	1	2	3	4	5	U/A
8 I resolve or support others to resolve concerns about an order or treatment plan by taking the appropriate action	6f	1	2	3	4	5	U/A
9 I participate and collaborate effectively as a member of the interprofessional health care team	1c, 6d, e, 8h	1	2	3	4	5	U/A
10 I share knowledge with members of the health care team and support others to do so	6c, 8d	1	2	3	4	5	U/A

CMRTO MSF

Self-Assessment Survey



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Ordre des
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375 University Avenue
Suite 300
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tel. 416.975.4353
fax. 416.975.4355
1.800.563.5847

Statement	Standard/ Indicator	Very Poor 1	Poor 2	Satisfactory 3	Good 4	Very Good 5	Unable to Assess
11 I assess or support others to assess the patient's condition before, during and after the course of treatment or procedure	4p	1	2	3	4	5	U/A
12 I modify or support others to modify procedures based on the patient's physical, medical and/or emotional status and needs	4h, 5g	1	2	3	4	5	U/A
13 I initiate or support others to initiate emergency response procedures and provide assistance as required	4l	1	2	3	4	5	U/A
14 I protect or support others to protect themselves, patients and others from unnecessary exposure to radiation, radiofrequency, soundwaves or other prescribed forms of energy	4n	1	2	3	4	5	U/A
15 In my current role, I perform only procedures and activities that I have the knowledge, skills and judgement to perform	1a, 8a	1	2	3	4	5	U/A
16 I take responsibility for my decisions and actions including those undertaken independently and as a member of the team	1b	1	2	3	4	5	U/A
17 I preserve and protect the confidentiality of all information I acquire through professional contact	5l	1	2	3	4	5	U/A
18 I use appropriate infection control procedures	4m	1	2	3	4	5	U/A
19 I ensure or support others to ensure that the patient receives an explanation as to where the member might touch them and why	5j	1	2	3	4	5	U/A
20 By obtaining and maintaining the necessary knowledge, skills and judgement, I am able to respond to changes in practice environments and advances in technology	8c	1	2	3	4	5	U/A
21 I apply or support others to apply radiation protection techniques and/or other protection devices as required	2k, 3m, 4k	1	2	3	4	5	U/A
22 I take all reasonable precautions or support others to ensure that no equipment can injure a patient or others	4i	1	2	3	4	5	U/A
23 I ensure or support others to ensure all images and data are marked with the patient's identity	7d	1	2	3	4	5	U/A
24 I produce or support others to produce records and reports that are accurate, complete, legible and timely	7f, g, i	1	2	3	4	5	U/A
25 I treat or support others to treat the patient with dignity and respect	5f	1	2	3	4	5	U/A
26 I assess or support others to assess the operability of equipment before use and ensure that corrective action is taken when required	2h	1	2	3	4	5	U/A
27 I minimize or support others to minimize patient exposure to radiation, radiofrequency, soundwaves or other prescribed forms of energy while ensuring optimum image quality is maintained	2i, 3p, 4j	1	2	3	4	5	U/A
28 I engage in continuing education and professional development	8f	1	2	3	4	5	U/A

Sample MSF Peer and Co-worker Survey Letter



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

March, 2019

Dear Peer or Co-worker:

Request to complete a Multi-Source Feedback (MSF) Assessment Survey

Your Unique Password:	xxx-xxx	CMRTO#:	xxxxx
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The medical radiation and imaging technologist (MRT or DMS) who gave you this letter has been randomly selected to participate in the College of Medical Radiation Technologists of Ontario peer and practice assessment through a multi-source feedback (MSF) assessment as part of its quality assurance (QA) program.¹ The purpose of the QA program is to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement for members of the college.

An MSF assessment is a process designed to collect information about an individual member's practice from peers, co-workers and patients. The member is asked to choose six peers and co-workers and 15 patients for feedback. The purpose of the assessment is to provide the member with feedback about their practice performance.

You have been asked by a College member to participate in this process. You must be working with the member or have worked with them within the last year. Your participation is voluntary and the information collected will remain confidential.

If for any reason you are unable to participate, please notify the member immediately so they may select another peer or co-worker.

If you agree to participate, you are asked to submit the online survey on or before **May 24, 2019**.

¹ The requirements for the College's QA program are set out in the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act* (RHPA) and the quality assurance regulation (O. Reg. 375/12) made under the *Medical Radiation Technology Act* (MRT Act). The QA regulation provides the QA Committee with the authority to require members to undergo a peer and practice assessment in accordance with the Committee's practice of random selection for assessment.

Your response will be kept strictly confidential. The surveys will be processed by an independent third party, Cido Research, that has no affiliation with any health care facility.² The member will only be provided with a report that summarizes the results of all the surveys and will not have access to any individually completed surveys. The member will be able to track if your survey has been received but will not be able to access or see the content of the survey you have filled out.

Online survey submission

- Complete the peer and co-worker survey online by using a portal to the Cido Research website through the College's website
- Access the survey by going to www.cmрто.org, and on the homepage click on the link "Quality Assurance Multi-Source Feedback Survey"
- Enter your unique password

Your Unique Password:	xxx-xxx
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- Rate the member's practice using the scale from 1=Very Poor to 5=Very Good
- If you have not observed a particular skill on the survey, indicate it as U/A (unable to assess)
- Complete the survey by clicking on the appropriate rating number for each statement

For more information about the College or the peer and practice assessment by MSF assessment, please telephone: 416.975.4353 or 1.800.563.5847 or visit www.cmрто.org.

Thank you for your timely response and assistance in the College's peer and practice assessment program. Your feedback is very important and much appreciated.

Yours sincerely,

Chair, Quality Assurance Committee

² Cido Research is a company that is expert at understanding and knowing the art and science of data collection. Cido Research collects all of the surveys and collates and processes the data from the surveys on behalf of the College's Quality Assurance Committee. Cido Research is bound by section 36 of the *Regulated Health Professions Act (RHPA)* and College's Privacy Code. For more information about Cido Research visit www.cidoresearch.com.

CMRTO MSF

Peer and Co-worker Survey



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

375 University Avenue
Suite 300
Toronto, Ontario
M5G 2J5

tel. 416.975.4353
fax. 416.975.4355
1.800.563.5847

If for any reason you are unable to participate please notify the College member immediately so they may select another peer or co-worker. Complete the survey online by visiting the College's website (www.cmrto.org). You will need the confidential unique password (located in the letter) to complete the survey online.

CMRTO#

You may access more information about the College and the Standards of Practice at www.cmrto.org.

Your Role: (Check all that apply)

- ☐ MRT(R) ☐ MRT(MR) ☐ MRT(N) ☐ MRT(T) ☐ DMS
☐ Clinical MRT / DMS ☐ Nurse
☐ Manager ☐ Physician
☐ PACS/IT ☐ Other, please specify: _____

This survey may be used to rate all College members whether they provide direct patient care or not. If they are not providing direct patient care in their practice, they may be supporting the performance of the scope of the practice of the profession in their role as a manager, educator, IT or PACS administrator, applications specialist, or other roles through equipment management, writing policies, quality control, education or training.

Please rate your peer's or co-worker's performance on these statements using the scale from 1-5 (1 = Very Poor, 2 = Poor, 3 = Satisfactory, 4 = Good, 5 = Very Good). If any of the items are NOT relevant to you, select "Unable to Assess". Circle the appropriate number in each row.

Statement	Standard/ Indicator	Very Poor 1	Poor 2	Satisfactory 3	Good 4	Very Good 5	Unable to Assess
1 Communicates clearly with others (e.g. patients, families, health professionals, clients, students)	5a, b, c, d, 6a	1	2	3	4	5	U/A
2 Verifies or supports others to verify the patient's identity or data for all procedures	4e	1	2	3	4	5	U/A
3 Provides or supports others to provide answers to questions from patients and patient substitute decision makers within the scope of the profession's responsibility	5c	1	2	3	4	5	U/A
4 Communicates in an effective way to establish and maintain professional relationships	6a	1	2	3	4	5	U/A
5 Provides or supports others to provide clear and understandable information to patients or patient substitute decision makers before, during and after procedures	5a	1	2	3	4	5	U/A
6 Ensures or supports others to ensure that patient consent has been obtained	3h	1	2	3	4	5	U/A
7 Ensures or supports others to ensure that the appropriate order authorizing the performance of the procedure is in place	3d	1	2	3	4	5	U/A
8 Resolves or supports others to resolve concerns about an order or treatment plan by taking the appropriate action	6f	1	2	3	4	5	U/A
9 Participates and collaborates effectively as a member of the interprofessional health care team	1c, 6d, e, 8h	1	2	3	4	5	U/A
10 Shares knowledge with members of the health care team and supports others to do so	6c, 8d	1	2	3	4	5	U/A

CMRTO MSF

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Statement	Standard/ Indicator	Very Poor 1	Poor 2	Satisfactory 3	Good 4	Very Good 5	Unable to Assess
11 Assesses or supports others to assess the patient's condition before, during and after the course of treatment or procedure	4p	1	2	3	4	5	U/A
12 Modifies or supports others to modify procedures based on the patient's physical, medical and/or emotional status and needs	4h, 5g	1	2	3	4	5	U/A
13 Initiates or supports others to initiate emergency response procedures and provides assistance as required	4l	1	2	3	4	5	U/A
14 Protects or supports others to protect themselves, patients and others from unnecessary exposure to radiation, radiofrequency, soundwaves or other prescribed forms of energy	4n	1	2	3	4	5	U/A
15 In their current role, they perform only procedures and activities that they have the knowledge, skills and judgement to perform	1a, 8a	1	2	3	4	5	U/A
16 Takes responsibility for their decisions and actions including those undertaken independently and as a member of the team	1b	1	2	3	4	5	U/A
17 Preserves and protects the confidentiality of all information acquired through professional contact	5l	1	2	3	4	5	U/A
18 Uses appropriate infection control procedures	4m	1	2	3	4	5	U/A
19 Ensures or support others to ensure that the patient receives an explanation as to where the member might touch them and why	5j	1	2	3	4	5	U/A
20 By obtaining and maintaining the necessary knowledge, skills and judgement, they are able to respond to changes in practice environments and advances in technology	8c	1	2	3	4	5	U/A
21 Applies or supports others to apply radiation protection techniques and/or other protection devices as required	2k, 3m, 4k	1	2	3	4	5	U/A
22 Takes all reasonable precautions or supports others to ensure that no equipment can injure a patient or others	4i	1	2	3	4	5	U/A
23 Ensures or supports others to ensure all images and data are marked with the patient's identity	7d	1	2	3	4	5	U/A
24 Produces or supports others to produce records and reports that are accurate, complete, legible and timely	7f, g, i	1	2	3	4	5	U/A
25 Treats or supports others to treat the patient with dignity and respect	5f	1	2	3	4	5	U/A
26 Assesses or supports others to assess the operability of equipment before use and ensures that corrective action is taken when required	2h	1	2	3	4	5	U/A
27 Minimizes or supports others to minimize patient exposure to radiation, radiofrequency, soundwaves or other prescribed forms of energy while ensuring optimum image quality is maintained	2i, 3p, 4j	1	2	3	4	5	U/A

Sample MSF Patient Survey Cover Letter

March, 2019



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Dear Patient:

The College of Medical Radiation Technologists of Ontario is conducting a peer and practice assessment of services provided by your medical radiation and imaging technologist (MRT or DMS). The assessment is part of the College's Quality Assurance (QA) program. The purpose of the QA program is to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement for members of the College.

If you are willing to help, please complete the paper survey enclosed with this letter. Your response will be kept strictly confidential. The surveys will be processed by an independent third party, Cido Research, that has no affiliation with any health care facility.¹ Your MRT or DMS will only be provided with a report that summarizes the results of all the surveys and will not have access or see the content of the surveys that have been completed.

Please complete the survey before you leave the department.

How to fill out the survey

- Using an ink pen, clearly circle the appropriate rating number
- Place the completed survey in the addressed envelope provided
- Initial the confidential label on the back of the envelope as an added level of security
- Return the sealed envelope to your MRT or DMS who will mail the envelope unopened to Cido Research, an independent third party for processing

For more information about the College or its QA program please telephone: 416.975.4353 or 1.800.563.5847 or visit www.cmrto.org.

Thank you for helping your MRT or DMS complete the College peer and practice assessment. Your feedback is very important and much appreciated.

Yours sincerely,

Chair, Quality Assurance Committee

¹ Cido Research is a company that is expert at understanding and knowing the art and science of data collection. Cido Research collects all of the surveys and collates and processes the data from the surveys on behalf of the College's Quality Assurance Committee. Cido Research is bound by section 36 of the *Regulated Health Professions Act* (RHPA) and College's Privacy Code. For more information about Cido Research visit www.cidoresearch.com.

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Password

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- * Please complete the survey while at the facility
- * Using an ink pen, clearly circle the appropriate rating number
- * Place the completed survey in the addressed envelope provided
- * Seal the envelope
- * Initial the confidential label on the back of the envelope as an added level of security
- * Return the sealed envelope to your MRT or DMS, who will mail the envelope unopened to Cido Research, an independent third party, for processing

MRT is a Medical Radiation Technologist. The role of the MRT is to perform your procedure (e.g. take your x-ray, perform your MRI scan, nuclear medicine study or radiation therapy procedure).

DMS is a Diagnostic Medical Sonographer. The role of the DMS is to perform your procedure (e.g. perform your diagnostic medical ultrasound scan).

Please rate your MRT's or DMS's performance on these statements using the scale from 1-5 (1 = Very Poor, 2 = Poor, 3 = Satisfactory, 4 = Good, 5 = Very Good). If any of the items are NOT relevant to you, select "Unable to Assess". Circle the appropriate number in each row.

Statement	Standard/ Indicator	Very Poor 1	Poor 2	Satisfactory 3	Good 4	Very Good 5	Unable to Assess
1 My MRT / DMS explained the procedure to me in a clear way that I could understand	5a	1	2	3	4	5	U/A
2 My MRT / DMS checked and confirmed who I was before starting my procedure	4e	1	2	3	4	5	U/A
3 My MRT / DMS asked me if I had any questions and answered in a clear and understandable way	5b, c	1	2	3	4	5	U/A
4 My MRT / DMS treated me with dignity and respect	5f	1	2	3	4	5	U/A
5 My MRT / DMS helped to lessen my fears and concerns about my procedure	5a, b, c, g	1	2	3	4	5	U/A
6 My MRT / DMS showed concern for my physical and/or emotional well-being	5g	1	2	3	4	5	U/A
7 My MRT / DMS made sure that people not involved in my care could not hear confidential information about me	5l	1	2	3	4	5	U/A
8 My MRT / DMS explained when and where they might touch me and why	5j	1	2	3	4	5	U/A
9 My MRT / DMS informed me when my procedure was finished and I was given instructions on what to do next	3u, 7i	1	2	3	4	5	U/A
10 My MRT / DMS cared for me as a person	5f, g	1	2	3	4	5	U/A



Scope of Practice for Medical Radiation and Imaging Technologists of Ontario

MRTs / DMSs work within one of five specialties in medical radiation and imaging technology:

Radiography is the use of x-rays to produce images of parts of the body on film or on computer screens; for example, mammograms, chest x-rays, barium enemas and CT scans.

Radiation Therapy is the treatment of disease with radiation which involves the use of radiation to destroy diseased cells in the body; for example, cancer.

Nuclear Medicine is the use of low-level radioactive substances which are injected, swallowed or inhaled to produce diagnostic images of how the body functions; for example, bone scans, cardiac stress testing and lung scans.

Magnetic resonance is the use of electromagnetism to produce diagnostic images. Magnetic resonance imaging procedures play a significant role in imaging the brain, spine, abdomen, pelvis and the musculoskeletal system.

Diagnostic Medical Sonography is the use of soundwaves to produce diagnostic images. For example, obstetrical, abdominal, vascular and cardiac scans.

The *Regulated Health Professions Act* and the companion health profession Acts govern the practice of regulated health professions in Ontario. For medical radiation and imaging technology, the companion Act is the *Medical Radiation Technology Act*. The *Medical Radiation Technology Act* sets out **the scope of practice** statement for medical radiation and imaging technology, as follows:

“The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.”

Standard of Practice #5. Relationship with Patients

Members have patient care as their main concern.

Practice Standard:

- Members must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect
- Members must have the knowledge, skills and judgment to avoid placing patients at unnecessary risk of harm, pain or distress
- Members must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service
- Members must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care



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