

MSF Readiness Factors

- 1. Leadership:** A faculty member who is committed to championing the MSF program. The individual should have the influence/authority to organize an implementation team, orient participants, communicate the value of MSF and expectations of participants, and serve as the program's primary contact.
- 2. Buy-In:** The culture of the program/institution is supportive of formative feedback. Leadership, faculty, trainees, and other health professionals of the program/institution feel that taking the time to provide feedback in a systematic way is important.
- 3. Feasibility:** The participant pool is sizable enough to provide useful feedback without overburdening individuals. Raters have enough interaction with those assessed to provide meaningful ratings.
- 4. Fit:** The MSF assessment complements assessment practices already in place at the program/institution. Consideration has been given to balancing assessment needs and the burden on respondents.
- 5. Adequate Time Allotted:** Adequate time is available for all participants to be oriented to and trained in MSF processes. Raters have adequate time for thoughtful completion of surveys. Feedback recipients and feedback facilitators have adequate time for feedback review and goal setting.
- 6. Administrative Support:** An individual is available to tend to technical aspects of MSF administration, such as loading users into MSF system, creating survey assignments, and monitoring survey completion.
- 7. Use:** Safeguards are implemented to ensure program integrity and help create an environment of trust around the MSF process. These include widespread agreement about the intent of using MSF and vigilance for misuse of derived information.
- 8. Improvement:** It is accepted that experience with all aspects of MSF is necessary to customize it to fit local culture. Therefore, iterative improvements will be made over time.