



College of  
Registered Nurses  
of Manitoba

# Multi-Source Feedback Guide for RNs and RN(NP)s

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# Introduction

Multi-source feedback is a practice tool used by registered nurses and registered nurse (nurse practitioner)s in clinical practice and RNs in non-clinical practice settings (i.e. education, research, administration).

## What is the purpose of multi-source feedback?

1. Multi-source feedback supports the role of the College in protecting the public.
  - It gives the public an opportunity to provide feedback on the care they received from an RN or RN(NP).
2. Multi-source feedback supports RNs and RN(NP)s in their practice.
  - RNs and RN(NP)s receive valuable feedback from the people directly impacted by their practice.
3. Communication challenges are one of the most common themes when a complaint is filed with the College.
  - Multi-source feedback focuses on elements of communication and professional behaviour. The questions are based on the *Entry-Level Competencies for Registered Nurses*. Receiving feedback about these aspects of practice can help RNs and RN(NP)s meet the *Practice Expectations for RNs* and the *Code of Ethics for Registered Nurses*.

# What You Need to Do

1. Read this guide to assist you in completing multi-source feedback.
2. Follow the instructions in your notification email to:
  - a) confirm we have the correct address on file for you, and
  - b) identify the package you will need: **clinical** (you provide direct care to patients) or **non-clinical** (administrator, educator or researcher)
3. After you have completed the steps above, we will send your unique multi-source feedback package in the mail.
4. When you receive your package, your unique ID and password will be included in the notification letter. Use these to log in to the multi-source feedback portal and complete your online My Form at: [nrq-surveys.com/s/nurses](http://nrq-surveys.com/s/nurses)
5. Hand out the envelopes to your colleagues and clients (if applicable).
6. Use the multi-source feedback portal to track your colleague responses and follow-up with your colleagues to ensure you receive the required minimum of six responses (*please note: client responses are not tracked for confidentiality reasons and you should not follow-up with clients as the process is optional for them*).
7. If you have any questions, contact Marie Allan, Quality Assurance Process Manager at [ccp@crnm.mb.ca](mailto:ccp@crnm.mb.ca) or 204-789-0668.

## Deferral

In order to participate in multi-source feedback, you must be currently working. If you are not or will not be working, you will need to complete the [multi-source feedback deferral form](#) and submit it to the College by the date indicated in your letter.

## What is included in my multi-source feedback package?

Your package will include:

1. A notification letter containing your unique ID number and password
2. A colleague tracking sheet (blue)
3. 18 sealed client envelopes (for clinical RNs and RN(NP)s only)
4. 18 public awareness pamphlets (for clinical RNs and RN(NP)s only)
5. 10 sealed colleague envelopes

**Do not open the sealed client and colleague envelopes.** These envelopes contain:

- An instruction letter (see samples on pages 14 & 17)
- A multi-source feedback questionnaire (see samples on pages 15-16 & 18)
- A self-addressed, postage-paid envelope for clients only.

*Samples of these are included on the pages mentioned. The RN(NP) instructions and questionnaires are the same as the RN versions with the exception of reference to “RN(NP)” instead of “RN”.*

*If you are not sure which package to choose (i.e. clinical or non-clinical), have a look at the sample questionnaires at the back of this guide and select the package that will provide you with the most applicable feedback to your practice. If you are still not sure which package to choose, contact us so we can assist you.*

## What do I do with the sealed envelopes?

1. **Confirm that your unique ID number is correct** on the sealed client and colleague envelopes. The ID number is visible in the window of the envelope. Do not open the envelope to check for the ID number.
2. **Choose up to 10 colleagues to complete the questionnaires.** At least six colleague questionnaires must be submitted to create your report.
3. **Choose up to 18 clients to complete the forms (for clinical RNs and RN(NP)s only).** At least eight client questionnaires must be submitted to create your report.

4. **Provide the appropriate sealed envelopes to the selected colleagues/clients** with instructions to complete and submit their questionnaire by the date indicated in your notification email. For registrants participating in the CCP review, the deadline to hand out the envelopes is Nov. 15, 2018 (our third party provider will receive completed questionnaires until Dec. 1, 2018).
5. **Record the colleague envelope number on your colleague tracking sheet** (blue sheet). You can do this:
  - a) **Online:** [Log on to the multi-source feedback portal](#). Select the multi-source feedback forms link and then select the tracking page.
  - b) **On paper:** Write the envelope number and your colleague's name on the blue tracking sheet. Use the tracking sheet to record forms and update the status of the colleague forms.
6. **Make sure you keep your blue tracking sheet.** The College may randomly select participating RNs and RN(NP)s to engage in a validation process, which would require you to submit your blue tracking sheet to the College. The College would then contact some of the colleagues to verify their participation in the multi-source feedback process. **You need to keep your tracking sheet for one year** following completion of multi-source feedback.
7. **If the sealed envelope was not sealed closed or if you opened an envelope by mistake, you may not use that envelope to give to a colleague or client.**

## Who are colleagues?

Colleagues are regulated health-care and unregulated health-care providers you interact with in person or on the phone and may include:

- RNs or RN(NP)s
- Staff who report to you
- Your manager or supervisor
- Reception or administration support staff
- Other health-care providers (i.e. LPNs, RPNs, physicians, occupational therapists, physiotherapists, dieticians, pharmacists)

Choose colleagues who are familiar with your role and can provide constructive feedback. Please use your professional judgment to determine appropriate colleagues to complete the forms.

## Who are clients?

For the purposes of multi-source feedback, a client is a member of the public who you will provide nursing services to at any time over the period that you have been given to participate in multi-source feedback. You may also ask a caregiver, family member of the client or substitute decision-maker who is familiar with the care you provided to complete the questionnaire on behalf of your client. You cannot contact previous clients to complete the multi-source feedback questionnaire. Accessing client records for the purposes of multi-source feedback could be considered a breach of client confidentiality.

When you approach clients to complete the questionnaire, advise them the information will be kept confidential, and that you will not be receiving any individual responses. Please advise clients that responses will not affect their current or future services/care provided to them. A public awareness pamphlet (see example on page 19) is included in your package to facilitate handing out the questionnaires to clients.

The College appreciates that some RNs and RN(NP)s may feel shy in asking clients to complete a questionnaire. Keep in mind that in most situations, these individuals want to provide feedback on the care they have received.

## How are the questionnaires submitted?

Clients have a choice to complete the questionnaire either:

- a) **Online:** Unique access code and user ID are enclosed in the sealed envelope, or
- b) **On paper:** clients seal the completed questionnaire in the self-addressed, postage-paid envelope. They also need to initial the back of the envelope to ensure added security. Envelopes received with a broken seal will not be included in the overall results. Clients can also return the completed questionnaire to you, sealed in the self-addressed, postage-paid envelope so you can mail it.

**Colleagues must complete the questionnaire online.**

*You may use your judgment when selecting the appropriate time, location and clients to hand a questionnaire to. It is recommended you provide the client with the public awareness pamphlet when handing them their questionnaire. You may also advise them that while their participation is optional, you appreciate and will benefit from any feedback they provide.*

## Feedback Questionnaires

Multi-source feedback is designed to collect information about your professional interactions and evaluate your knowledge, skill and judgment related to professional behaviours and communication skills.

There are four types of questionnaires:

1. My Form questionnaire (available online only)
2. Clinical colleague questionnaire (available online only)
3. Non-clinical colleague questionnaire (available online only)
4. Client questionnaire\*

*\*If you work in a non-clinical setting you will not receive any client envelopes in your package.*

Each questionnaire consists of a series of statements that describe the practice expectations of an RN or RN(NP) (see samples on pages 12-13, 15-16 & 18). The questionnaires are meant to be relevant to different roles and practice settings and are developed in user-friendly terms for ease of completion. Colleagues and clients rate each statement on a nine point scale.

**If a statement doesn't apply to your practice, the client or colleague can select U/A (“unable to answer”). This does not negatively impact your result.**

## What needs to be completed in order to create your report?

- 1 My Form questionnaire
- 6 colleague questionnaires
- 8 client questionnaires (if you provide direct client care) in order to receive client feedback in your report

## Why do I need to submit this many forms?

Research shows this number of forms submitted will ensure stable, meaningful and anonymous results.

## Tips for Handing out the Questionnaires

- Approach your clients and colleagues as soon as possible.
- Ask more than the required number of people to complete them.
- Inform clients/colleagues of the deadline to submit their questionnaires.
- Inform clients/colleagues that it only takes about 10 minutes to complete the questionnaire and that their input is used for ongoing practice enhancement.
- Inform clients/colleagues that this process is confidential and individual responses are not shared with you.
- Ask a client's caregiver, family member or substitute decision maker who is familiar with the care you provided to complete the questionnaire on behalf of your client.

## Confidentiality

The College has taken steps to ensure confidentiality with this process.

1. There is no information on the questionnaires to identify your colleagues or clients. When you receive your results, it will be a summary of all the feedback gathered.
2. The information collected from the multi-source feedback will not be shared with anyone outside of the College. This means employers will not receive a copy of your results. If you want to share them with your manager/employer, this is your choice.

In accordance with Council policy AA-5, evidence of continuing competency submitted by registrants will not be used in matters related to complaints arising outside the College, shall not be released to the College's Complaints Investigation Committee, investigators, practice auditors or a panel of the College's Inquiry Committee, or at an appeal arising under *The Regulated Health Professions Act*.

# Multi-Source Feedback Results

## How will I receive my results?

Your results will be available via a report in the multi-source feedback portal. The College will notify you when your report is ready.

## Reading the Report

The multi-source feedback results are separated into three groups, each with their own set of results:

- Client (only for RNs and RN(NP)s in clinical practice)
- Colleagues
- My Form

The result are displayed as follows:

- **Your Score:** The average rating you received based on the responses submitted.
- **Peer Score:** The benchmark to which your score is compared to, and is based on the average score of all RNs who have participated in multi-source feedback.

To assist with the interpretation of your individual results, the report includes three symbols. These symbols are visual cues to assist with the identification of competency areas and how the rating you received from your clients and colleagues compares to the benchmark.

### Above or minimally below the benchmark

- This is an indication your individual rating on this competency is very close to the benchmark.
- This is an opportunity for you to reflect on how you can maintain this level of practice.

### Below the benchmark

- This is an indication your individual rating on this competency is somewhat below the benchmark.
- This is an opportunity for you to reflect on how you could improve in this competency.

✖ Markedly below the benchmark

- This is something you must address.
- A College staff member will support you in this opportunity.

*We have provided these symbols in an effort to allow you to identify specific competency areas that are below or markedly below the benchmark and are areas you should focus on to enhance your quality of practice.*

## Interpreting the Report

- Compare your client and colleague results to the benchmark of all RNs and RN(NP)s who participated in multi-source feedback.
- Reflect on which areas you individually scored highest and lowest on.
- Reflect on how you might enhance or maintain your quality of practice.
- Reflect on your My Form results and consider how you rated yourself compared to how your colleagues rated you. Think about why there may be a difference.
- It may be useful to discuss your results with a trusted colleague. Consider asking a colleague to:
  - review your results with you and make constructive suggestions based on the results, and/or
  - observe you in direct practice and provide constructive feedback on how you can improve.
- Complete any next steps as directed by the College.

## Applying your results to practice

### Update your Self-Assessment and Self-Development Plans

Use the results to inform your self-assessment in your CCP forms and to help provide focus to your learning goals when completing your self-development plan.

## How the College uses the Results

The College will use the results only within the context for which you were referred for multi-source feedback. For example, if you are selected for the continuing competency program review, your results will be compared to a threshold score.

### What is a threshold score?

Norms are statistics that are derived from a selected group and are used as a measure in a standardized way. They stand for a normal frequency distribution representing the probability that a majority of randomly selected RNs and RN(NP)s will fall within the middle of the distribution. Norms allow you to compare your scores to other RNs and RN(NP)s who participated in multi-source feedback.

Threshold or cut-off results are based on two statistical concepts:

1. **Z-score** – a “standardized score”. A z-score tells how a single point of data compares to the norm. It indicates whether the point is above or below the average and how unusual the measurement is from the norm.
2. **Percentile Rank** – establishing a relative position of a person’s score, compared to other people’s scores.

A Z-score is calculated for each RN who participates in the process. The College then establishes the percentile which is used as the cut-off score. RNs and RN(NP)s who are below the cut-off score may be required to do a further in-depth assessment.

A list of possible CCP review outcomes is available on our website.

Please rate yourself based on the statements below. Select the appropriate number in each row. If you are not able to answer a question, please select UA (unable to answer).

Question	BELOW EXPECTATIONS			MEETS EXPECTATIONS			ABOVE EXPECTATIONS			UA
	1	2	3	4	5	6	7	8	9	
1. Takes responsibility for own actions and decisions.	1	2	3	4	5	6	7	8	9	UA
2. Demonstrates professional behaviours (trustworthy, respect, accountability, transparency, introduces self by first & last name and as a registered nurse).	1	2	3	4	5	6	7	8	9	UA
3. Manages workload to meet demands.	1	2	3	4	5	6	7	8	9	UA
4. Communicates work that was not completed and ensures follow-up.	1	2	3	4	5	6	7	8	9	UA
5. Takes action to reduce risk to client and staff.	1	2	3	4	5	6	7	8	9	UA
6. Completes a thorough assessment of the client's physical, emotional, mental, cultural and spiritual needs.	1	2	3	4	5	6	7	8	9	UA
7. Collaborates with clients and the health-care team	1	2	3	4	5	6	7	8	9	UA
8. Asks clients about their wishes and needs.	1	2	3	4	5	6	7	8	9	UA
9. Negotiates priorities and desired outcomes with clients.	1	2	3	4	5	6	7	8	9	UA
10. Explores and determines a range of alternative options and approaches for care with clients.	1	2	3	4	5	6	7	8	9	UA
11. Asks professional opinion of colleagues.	1	2	3	4	5	6	7	8	9	UA
12. Asks colleagues to collaborate on the development of the client's plan of care.	1	2	3	4	5	6	7	8	9	UA
13. Prioritizes duties and activities to meet competing demands.	1	2	3	4	5	6	7	8	9	UA
14. Assists clients to understand how lifestyle factors impact health.	1	2	3	4	5	6	7	8	9	UA
15. Assists clients to identify and access health and other resources in their communities.	1	2	3	4	5	6	7	8	9	UA
16. Follows infection control policies and procedures.	1	2	3	4	5	6	7	8	9	UA
17. Demonstrates the required knowledge and skill in performing procedures.	1	2	3	4	5	6	7	8	9	UA
18. Uses critical thinking to monitor and evaluate client care in a timely manner.	1	2	3	4	5	6	7	8	9	UA
19. Modifies client care needs to address emerging health issue.	1	2	3	4	5	6	7	8	9	UA
20. Verifies the client has an understanding of essential information and skills to actively participate in their own care.	1	2	3	4	5	6	7	8	9	UA
21. Reports client care in a clear manner.	1	2	3	4	5	6	7	8	9	UA
22. Demonstrates honesty, integrity and respect in all professional interactions.	1	2	3	4	5	6	7	8	9	UA
23. Respects others values and beliefs.	1	2	3	4	5	6	7	8	9	UA
24. Maintains professional boundaries with clients and the health-care team.	1	2	3	4	5	6	7	8	9	UA
25. Demonstrates caring behaviours to clients.	1	2	3	4	5	6	7	8	9	UA
26. Addresses safety issues to promote a safe environment.	1	2	3	4	5	6	7	8	9	UA
27. Supports the client in making informed decisions.	1	2	3	4	5	6	7	8	9	UA
28. Maintains confidentiality of client information.	1	2	3	4	5	6	7	8	9	UA
29. Supports a professional environment.	1	2	3	4	5	6	7	8	9	UA
30. Demonstrates leadership qualities in the coordination of client care.	1	2	3	4	5	6	7	8	9	UA
31. Collaborates with the health-care team to respond to changes in the health-care system	1	2	3	4	5	6	7	8	9	UA



Please rate yourself based on the statements below. Select the appropriate number in each row. If you are not able to answer a question, please select UA (unable to answer).

Question	BELOW EXPECTATIONS			MEETS EXPECTATIONS			ABOVE EXPECTATIONS			
	1	2	3	4	5	6	7	8	9	UA
1. Takes responsibility for own actions and decisions.	1	2	3	4	5	6	7	8	9	UA
2. Introduces self as a registered nurse.	1	2	3	4	5	6	7	8	9	UA
3. Demonstrates leadership to support healthy and culturally safe practice environment.	1	2	3	4	5	6	7	8	9	UA
4. Facilitates leadership to support organizational goals.	1	2	3	4	5	6	7	8	9	UA
5. Takes initiatives to self-reflect and increase self-awareness.	1	2	3	4	5	6	7	8	9	UA
6. Encourages collaborative interactions within the team or organization.	1	2	3	4	5	6	7	8	9	UA
7. Uses critical thinking when developing, implementing and/or applying policies and procedures.	1	2	3	4	5	6	7	8	9	UA
8. Uses agency policies and procedures to guide decision making.	1	2	3	4	5	6	7	8	9	UA
9. Communicates with others and problem solves when he/she is unable to meet established due dates.	1	2	3	4	5	6	7	8	9	UA
10. Takes action on unsafe practices and workplace risks.	1	2	3	4	5	6	7	8	9	UA
11. Facilitates staff and client communications and access to resources.	1	2	3	4	5	6	7	8	9	UA
12. Implements resources and tools to support planning for anticipated client/population health problems or issues.	1	2	3	4	5	6	7	8	9	UA
13. Consults with others to analyze and plan for complex health challenges.	1	2	3	4	5	6	7	8	9	UA
14. Respects and welcomes the opinion of others.	1	2	3	4	5	6	7	8	9	UA
15. Demonstrates professional behaviours (trustworthy, respect, accountability, transparency).	1	2	3	4	5	6	7	8	9	UA
16. Takes action to maintain professional boundaries with others.	1	2	3	4	5	6	7	8	9	UA
17. Considers the values and beliefs of others.	1	2	3	4	5	6	7	8	9	UA
18. Maintains professional relationships in all interactions.	1	2	3	4	5	6	7	8	9	UA
19. Is supportive and empathetic toward others.	1	2	3	4	5	6	7	8	9	UA
20. Promotes a safe work environment for others, the public.	1	2	3	4	5	6	7	8	9	UA
21. Advocates for and/or implements policies and resources to support individual beliefs and values.	1	2	3	4	5	6	7	8	9	UA
22. Advocates for and /or implements policies and practices related to informed consent.	1	2	3	4	5	6	7	8	9	UA
23. Minimizes potential risk of a breach in confidentiality of personal information.	1	2	3	4	5	6	7	8	9	UA
24. Considers the organizations culture in decision making.	1	2	3	4	5	6	7	8	9	UA
25. Assigns and/or delegates workload to the appropriate provider.	1	2	3	4	5	6	7	8	9	UA
26. Conducts regular staff performance review.	1	2	3	4	5	6	7	8	9	UA
27. Makes decisions based on evidence-informed indicators (i.e. re-admission and/or infection rates, legislation) to support client care.	1	2	3	4	5	6	7	8	9	UA
28. Builds and promotes interprofessional collaborative relationship based on trust and respect.	1	2	3	4	5	6	7	8	9	UA
29. Evaluates effectiveness of new strategies and changes to nursing practice and/or the environment.	1	2	3	4	5	6	7	8	9	UA
30. Follows policies and procedures when communicating with others within and across the health-care agency (i.e. use of email, fax, webinar, social media).	1	2	3	4	5	6	7	8	9	UA



College of  
Registered Nurses  
of Manitoba

**Unique User ID:**

**Unique Password:**

**Colleague ID:**

Dear Colleague,

Your registered nurse (RN) colleague is asking you to provide feedback on their nursing practice by completing an online questionnaire.

**Please note the following important information:**

- The information you provide is anonymous and confidential. You will not need to provide your name or any personal information.
- The RN will **not** see your individual responses.
- Your input is voluntary.

The RN will receive a report based on all the anonymous feedback gathered together. The report will help the RN identify areas of strength in their practice and areas for improvement.

**Why are you being asked to complete this questionnaire?**

The College of Registered Nurses of Manitoba (the College) is responsible for ensuring the public receives safe, competent and ethical nursing practice. The College monitors this through the continuing competency program. Multi-source feedback is a part of this program.

**How to complete the questionnaire**

The questionnaire should take about 10 minutes to complete online.

1. Log on to **[www.nrg-surveys.com/CRNMColleagueClinical](http://www.nrg-surveys.com/CRNMColleagueClinical)**
2. Enter your unique user ID and password (found at the top of this letter)
3. Read each statement and then rate the RN

**Please complete the questionnaire by Nov. 15, 2018.**

If you have any questions or would like to take part in evaluating the multi-source feedback process, please contact me at 204-789-0668 or [ccp@crnm.mb.ca](mailto:ccp@crnm.mb.ca). Thank you for helping us to ensure Manitobans receive safe, competent registered nursing practice.

Sincerely,

Marie Allan,  
Quality Assurance Process Manager

Unique ID:

Unique Password:

Please rate your registered nurse or nurse practitioner colleague on the statements below. Circle the appropriate number in each row. If you are not able to answer a question, please select UA (unable to answer).

Question	BELOW EXPECTATIONS			MET EXPECTATIONS			ABOVE EXPECTATIONS					
	1	2	3	4	5	6	7	8	9	U	A	
1. Takes responsibility for own actions and decisions.	1	2	3	4	5	6	7	8	9	U	A	
2. Demonstrates professional behaviours (trustworthy, respect, accountability, transparency).	1	2	3	4	5	6	7	8	9	U	A	
3. Manages workload to meet demands.	1	2	3	4	5	6	7	8	9	U	A	
4. Communicates work that was not completed and ensures follow-up.	1	2	3	4	5	6	7	8	9	U	A	
5. Takes action to reduce risk to client and staff.	1	2	3	4	5	6	7	8	9	U	A	
6. Completes a thorough assessment of the client's physical, emotional, mental, cultural and spiritual needs.	1	2	3	4	5	6	7	8	9	U	A	
7. Collaborates with clients and the health-care team	1	2	3	4	5	6	7	8	9	U	A	
8. Asks clients about their wishes and needs.	1	2	3	4	5	6	7	8	9	U	A	
9. Negotiates priorities and desired outcomes with clients.	1	2	3	4	5	6	7	8	9	U	A	
10. Explores and determines a range of alternative options and approaches for care with clients.	1	2	3	4	5	6	7	8	9	U	A	
11. Asks my professional opinion.	1	2	3	4	5	6	7	8	9	U	A	
12. Asks colleagues to collaborate on the development of the client's plan of care.	1	2	3	4	5	6	7	8	9	U	A	
13. Prioritizes duties and activities to meet competing demands.	1	2	3	4	5	6	7	8	9	U	A	
14. Assists clients to understand how lifestyle factors impact health.	1	2	3	4	5	6	7	8	9	U	A	
15. Assists clients to identify and access health and other resources in their communities.	1	2	3	4	5	6	7	8	9	U	A	
16. Follows infection control policies and procedures.	1	2	3	4	5	6	7	8	9	U	A	
17. Demonstrates the required knowledge and skill in performing procedures.	1	2	3	4	5	6	7	8	9	U	A	
18. Uses critical thinking to monitor and evaluate client care in a timely manner.	1	2	3	4	5	6	7	8	9	U	A	
19. Modifies client care needs to address emerging health issue.	1	2	3	4	5	6	7	8	9	U	A	
20. Verifies the client has an understanding of essential information and skills to actively participate in own care.	1	2	3	4	5	6	7	8	9	U	A	
21. Reports client care in a clear manner.	1	2	3	4	5	6	7	8	9	U	A	
22. Demonstrates honesty, integrity and respect in all professional interactions.	1	2	3	4	5	6	7	8	9	U	A	
23. Respects others values and beliefs.	1	2	3	4	5	6	7	8	9	U	A	
24. Maintains professional boundaries with clients and the health-care team.	1	2	3	4	5	6	7	8	9	U	A	
25. Demonstrates caring behaviours to clients.	1	2	3	4	5	6	7	8	9	U	A	
26. Addresses safety issues to promote a safe environment.	1	2	3	4	5	6	7	8	9	U	A	
27. Supports the client in making informed decisions.	1	2	3	4	5	6	7	8	9	U	A	
28. Maintains confidentiality of client information.	1	2	3	4	5	6	7	8	9	U	A	
29. Supports a professional environment.	1	2	3	4	5	6	7	8	9	U	A	
30. Demonstrates leadership qualities in the coordination of client care.	1	2	3	4	5	6	7	8	9	U	A	
31. Collaborates with the health-care team to respond to changes in the health-care system	1	2	3	4	5	6	7	8	9	U	A	
32. I would choose to work with this person on a specific task or project.											<input type="checkbox"/> YES	<input type="checkbox"/> NO

Unique ID:

Unique Password:

Please rate your RN colleague on the statements below. Circle the appropriate number in each row. If you are not able to answer a question, please select UA (unable to answer).

Question	BELOW EXPECTATIONS			MET EXPECTATIONS			ABOVE EXPECTATIONS			UA
	1	2	3	4	5	6	7	8	9	
1. Takes responsibility for own actions and decisions.	1	2	3	4	5	6	7	8	9	UA
2. Introduced self as a registered nurse.	1	2	3	4	5	6	7	8	9	UA
3. Demonstrates leadership to support healthy and culturally safe practice environment.	1	2	3	4	5	6	7	8	9	UA
4. Facilitates leadership to support organizational goals.	1	2	3	4	5	6	7	8	9	UA
5. Takes initiatives to self-reflect and increase self-awareness.	1	2	3	4	5	6	7	8	9	UA
6. Encourages collaborative interactions within the team or organization.	1	2	3	4	5	6	7	8	9	UA
7. Uses critical thinking when developing, implementing and/or applying policies and procedures.	1	2	3	4	5	6	7	8	9	UA
8. Uses agency policies and procedures to guide decision making.	1	2	3	4	5	6	7	8	9	UA
9. Communicates with others and problem solves when he/she is unable to meet established due dates.	1	2	3	4	5	6	7	8	9	UA
10. Takes action on unsafe practices and workplace risks.	1	2	3	4	5	6	7	8	9	UA
11. Facilitates staff and client communications and access to resources.	1	2	3	4	5	6	7	8	9	UA
12. Implements resources and tools to support planning for anticipated client/population health problems or issues.	1	2	3	4	5	6	7	8	9	UA
13. Consults with others to analyze and plan for complex health challenges.	1	2	3	4	5	6	7	8	9	UA
14. Respects and welcomes the opinion of others.	1	2	3	4	5	6	7	8	9	UA
15. Demonstrates professional behaviours (trustworthy, respect, accountability, transparency).	1	2	3	4	5	6	7	8	9	UA
16. Takes action to maintain professional boundaries with others.	1	2	3	4	5	6	7	8	9	UA
17. Considers the values and beliefs of others.	1	2	3	4	5	6	7	8	9	UA
18. Maintains professional relationships in all interactions.	1	2	3	4	5	6	7	8	9	UA
19. Is supportive and empathetic toward others.	1	2	3	4	5	6	7	8	9	UA
20. Promotes a safe work environment for others, the public.	1	2	3	4	5	6	7	8	9	UA
21. Advocates for and/or implements policies and resources to support individual beliefs and values.	1	2	3	4	5	6	7	8	9	UA
22. Advocates for and /or implements policies and practices related to informed consent.	1	2	3	4	5	6	7	8	9	UA
23. Minimizes potential risk of a breach in confidentiality of personal information.	1	2	3	4	5	6	7	8	9	UA
24. Considers the organizations culture in decision making.	1	2	3	4	5	6	7	8	9	UA
25. Assigns and/or delegates workload to the appropriate provider.	1	2	3	4	5	6	7	8	9	UA
26. Conducts regular staff performance review.	1	2	3	4	5	6	7	8	9	UA
27. Makes decisions based on evidence-informed indicators (i.e. re-admission and/or infection rates, legislation) to support client care.	1	2	3	4	5	6	7	8	9	UA
28. Builds and promotes interprofessional collaborative relationship based on trust and respect.	1	2	3	4	5	6	7	8	9	UA
29. Evaluates effectiveness of new strategies and changes to nursing practice and/or the environment.	1	2	3	4	5	6	7	8	9	UA
30. Follows policies and procedures when communicating with others within and across the health-care agency (i.e. use of email, fax, webinar, social media).	1	2	3	4	5	6	7	8	9	UA
31. I would choose to work with this person on a specific task or project.										YES NO



**Unique User ID:**

**Unique Password:**

**Client ID:**

Dear Client,

Your registered nurse (RN) is asking you to provide feedback on their nursing practice by completing some questions about their practice.

**Please note the following important information:**

- The information you provide is anonymous and confidential. You will not need to provide your name or any personal information.
- The RN will not see your individual responses.
- Your input is voluntary.

The RN will receive a report based on all the anonymous feedback gathered together. The report will help the RN to identify areas of strength in their practice and areas for improvement.

**Why are you being asked to complete these questions?**

The College of Registered Nurses of Manitoba (the College) is responsible for ensuring the public receives safe, competent and ethical nursing practice. The College monitors this through the continuing competency program. Multi-source feedback is a part of this program.

**How to complete the form**

The form should take about 10 minutes to complete. It can be done online **or** you can use the enclosed paper form.

**Online**

1. Log on to **[www.nrg-surveys.com/CRNMClient](http://www.nrg-surveys.com/CRNMClient)**
2. Enter your unique user ID and password (found at the top of this letter)
3. Read each statement and then rate the RN

**Paper**

1. Using an ink pen, read each statement and then clearly circle the appropriate rating number.
2. Place the completed form into the self-addressed, postage paid envelope and seal the envelope.
3. Initial the flap of the envelope.
4. Either mail the self-addressed envelope or return it to the RN, who will return the envelope unopened.

**Please complete the form and return it by Nov. 15, 2018.**

If you have any questions or would like to take part in evaluating the multi-source feedback process, please contact me at 204-798-0668 or [ccp@crnm.mb.ca](mailto:ccp@crnm.mb.ca). Thank you for helping us to ensure Manitobans receive safe, competent registered nursing practice.

Sincerely,

Marie Allan,  
Quality Assurance Process Manager

Unique ID:

Unique Password:

Please rate your registered nurse or nurse practitioner on the statements below. Circle the appropriate number in each row. If you are not able to answer a question, please select UA (unable to answer).

Question	BELOW EXPECTATIONS				MET EXPECTATIONS		ABOVE EXPECTATIONS			UA
	1	2	3	4	5	6	7	8	9	
1. Did what he/she said they would do.	1	2	3	4	5	6	7	8	9	UA
2. Explained his/her role in my care.	1	2	3	4	5	6	7	8	9	UA
3. Provided me with updates on who was going to complete activities/procedures regarding my care.	1	2	3	4	5	6	7	8	9	UA
4. Introduced self by his/her first and last name and as a registered nurse.	1	2	3	4	5	6	7	8	9	UA
5. Asked me about my concerns and/or symptoms.	1	2	3	4	5	6	7	8	9	UA
6. Asked me meaningful questions related to my health issue.	1	2	3	4	5	6	7	8	9	UA
7. Involved me in planning my care.	1	2	3	4	5	6	7	8	9	UA
8. Made me feel my opinions matter.	1	2	3	4	5	6	7	8	9	UA
9. Discussed ways for me to make healthy choices. (e.g. exercise, diet, smoking cessation, alcohol use etc)	1	2	3	4	5	6	7	8	9	UA
10. Provided me with options for my care.	1	2	3	4	5	6	7	8	9	UA
11. Explained how I can take an active role in my health and healing.	1	2	3	4	5	6	7	8	9	UA
12. When needed, referred to other healthcare team members to support my care (i.e. social worker, dietitian, specialist, pastoral care, respiratory therapists).	1	2	3	4	5	6	7	8	9	UA
13. Helped me understand how my choices impact my health.	1	2	3	4	5	6	7	8	9	UA
14. Explained my care and health issues so I could understand.	1	2	3	4	5	6	7	8	9	UA
15. Helped me access other healthcare services.	1	2	3	4	5	6	7	8	9	UA
16. Washed hands before he/she touched me.	1	2	3	4	5	6	7	8	9	UA
17. Explained details about the medications I was prescribed.	1	2	3	4	5	6	7	8	9	UA
18. Took into consideration the need to manage my pain.	1	2	3	4	5	6	7	8	9	UA
19. Explained when I should follow-up with a health professional.	1	2	3	4	5	6	7	8	9	UA
20. Asked me if I understood information provided.	1	2	3	4	5	6	7	8	9	UA
21. Followed-up to see how I was feeling.	1	2	3	4	5	6	7	8	9	UA
22. Acted professional at all times.	1	2	3	4	5	6	7	8	9	UA
23. Made me feel like we had a professional relationship.	1	2	3	4	5	6	7	8	9	UA
24. Asked my permission before starting care.	1	2	3	4	5	6	7	8	9	UA
25. Explained the benefits and risks to the care provided.	1	2	3	4	5	6	7	8	9	UA
26. Respected my privacy.	1	2	3	4	5	6	7	8	9	UA
27. Showed concern for my well-being when providing care.	1	2	3	4	5	6	7	8	9	UA
28. Provided me the opportunity to ask questions.	1	2	3	4	5	6	7	8	9	UA
29. I would recommend this nurse to a family member.							YES			NO
30. I would hope to have this nurse again if I need care.							YES			NO



College of  
Registered Nurses  
of Manitoba

## Giving feedback on your registered nurse

Your feedback matters. That's why your registered nurse (RN) or nurse practitioner (RN(NP)) has asked you to complete a questionnaire about the care they provided to you or a family member. Completing the questionnaire lets your RN or RN(NP) know what they're doing well and what they could do better. Don't worry, your feedback will be anonymous.

### How does it work?



#### STEP 1

##### **Give your feedback**

Complete the questionnaire online or on paper. Instructions are in the envelope your RN or RN(NP) gave you. It will take you about 10 minutes to complete the questionnaire and you can complete it any time before Nov. 15, 2018.



#### STEP 2

##### **Your RN or RN(NP) learns from your feedback**

The feedback you provide is anonymous and confidential. We'll gather feedback on the RN or RN(NP)'s practice from other patients and your RN or RN(NP) will only see a final report of all the feedback they received.



#### STEP 3

##### **Better care for patients**

Your RN or RN(NP) will use the feedback to identify what they're doing well and where they can improve. The goal of this feedback is to improve the care they give to their patients.

### Need help?

If you need help filling out the questionnaire, you can ask a caregiver, friend or family member to help you. If you need help mailing out the questionnaire, you can ask your RN or RN(NP) to mail it for you after you seal and initial the postage paid envelope.

*The College of Registered Nurses of Manitoba is the regulatory body for all registered nurses and nurse practitioners in Manitoba. Together with RNs and RN(NP)s we protect the public. For more information about the College, visit [crnm.mb.ca](http://crnm.mb.ca).*

## Contact Information

If you are experiencing difficulties completing the required elements of the review process or if you have any questions, please contact:

Marie Allan  
Quality Assurance Process Manager  
204-789-0668  
1-800-665-2027 ext. 668 (toll-free in Manitoba)  
[cep@crnm.mb.ca](mailto:cep@crnm.mb.ca)