### Multi-source Feedback (MSF) Assessment Form

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| **Trainee's GMC No.** |  | **Date of assessment (DD/MM/YY)** |  | **Year of training** |
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|  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 |

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|  **Name of person completing this assessment form** |
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| Please indicate your profession by filling in one of the following circles |
| [ ]  Consultant/other doctor  | [ ]  Trainee | [ ]  Nurse | [ ]  Manager | [ ]  Personnel officer |  |
| [ ]  Allied health professional | [ ]  Clerical of secretarial staff | [ ]  Self-assessment | [ ]  Safety officer | [ ]  Other |  |

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably *expect at their stage of training and level of experience.* You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

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| **THE MSF IS *NOT* AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS** |
|  | **UNSATISFACTORY** |  | **SATISFACTORY** |  | **ABOVE EXPECTED** |  |
| **1. Attitude to staff: Respects and values contributions of other members of the team** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **2. Attitude to patients: Respects the rights, choices, beliefs and confidentiality of patients** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **3. Reliability and Punctuality** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **4. Communication skills: Communicates effectively with patients and families** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **5. Communication skills: Communicates effectively with healthcare professionals** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **6. Honesty and integrity, do you have any concerns?** |  | [ ]  Yes | [ ]  No |  |  |  |  |  |  |
| **7. Team player skills: Supportive and accepts appropriate responsibility; Approachable** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **8. Leadership skills: Takes responsibility for own actions and actions of the team** |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |
| **9. OVERALLPROFESSIONAL COMPETENCE** |  |  |  |  |  |  |  |  |  |  |
| [ ]  Don't know | [ ]  1 | [ ]  2 | [ ]  3 |  | [ ]  4 | [ ]  5 | [ ]  6 |  | [ ]  7 | [ ]  8 | [ ]  9 |  |

**Comments about the trainee (BLOCK CAPITALS PLEASE)**

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*(Expand box to add more text if necessary)*

|  |  |
| --- | --- |
| **Your signature** |  |

**Please place form in the attached self-addressed envelope and return to the Educational Supervisor named on the envelope, NOT the trainee.**