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

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

|  |  |  |
| --- | --- | --- |
| **Name of person completing this assessment form** | | |
|  |  |  |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)**

|  |
| --- |
|  |

*(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.**