

Category 3: Multisource Feedback

Assessment Form

**Name of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate your assessment of the factors listed below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Please grade the following areas using the scale provided. This should relate to the standard expected for the appropriate grade:**  | Poor | Less than satisfactory | Satisfactory | Good | Excellent |   **Comments** |
|  |  | 1 | 2 | 3 | 4 | 5 |  |
|  | **Competency** |  |  |  |  |  |  |
| 1 | Theoretical Knowledge |[ ] [ ] [ ] [ ] [ ]   |
| 2 | Practical Skills |[ ] [ ] [ ] [ ] [ ]   |
| 3 | Clinical Judgment  |[ ] [ ] [ ] [ ] [ ]   |
| 4 | Record Keeping  |[ ] [ ] [ ] [ ] [ ]   |
| 5 | CPD Up to date |[ ] [ ] [ ] [ ] [ ]   |
| 6 | Teaching  |[ ] [ ] [ ] [ ] [ ]   |
| 7 | Supervising |[ ] [ ] [ ] [ ] [ ]   |
|  | **Behaviours** |  |  |  |  |  |  |
| 1 | Reliability & Punctuality |[ ] [ ] [ ] [ ] [ ]   |
| 2 | Being Proactive & Taking Initiative |[ ] [ ] [ ] [ ] [ ]   |
| 2 | Enthusiasm & Commitment |[ ] [ ] [ ] [ ] [ ]   |
| 3 | Organizational Ability |[ ] [ ] [ ] [ ] [ ]   |
| 4 | Being Helpful & Supportive |[ ] [ ] [ ] [ ] [ ]   |
| 5 | Listening & Communicating |[ ] [ ] [ ] [ ] [ ]   |
| 6 | Flexibility & Teamwork |[ ] [ ] [ ] [ ] [ ]   |
| 7 | Knowing Llimitations and Asking For Help |[ ] [ ] [ ] [ ] [ ]   |
| 8 | Showing Empathy & Compassion |[ ] [ ] [ ] [ ] [ ]   |
| 9 | Honesty & Integrity |[ ] [ ] [ ] [ ] [ ]   |
| 10 | Leadership & Accountability |[ ] [ ] [ ] [ ] [ ]   |
|  | **Relationships** |  |  |  |  |  |  |
| 1 | With Patients & Relatives |[ ] [ ] [ ] [ ] [ ]   |
| 2 | With Staff & Colleagues |[ ] [ ] [ ] [ ] [ ]   |
| 3 | Being Polite & Courteous |[ ] [ ] [ ] [ ] [ ]   |
| 4 | Treating others with Respect & Dignity  |[ ] [ ] [ ] [ ] [ ]   |
| 5 | Maintaining Privacy & Confidendiality |[ ] [ ] [ ] [ ] [ ]   |
| **ADDITIONAL COMMENTS TO SUPPORT THE ASSESSMENT AND SUGGESTED DEVELOPMENTAL WORK:** |
| **ROLE OF THE ASSESSOR**□ Doctor □ Nurse □ Allied Professional □ Non-clinical Manager □ Administrative Staff □ Receptionist/Secretary □ Patient □ Patient’s Relative □ Patient’s Friend □ Others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Assessor Name:** |
| **Assessor Signature:** |
| **Date of Assessment:** |
| **FEEDBACK DISCUSSION (To be filled by person who provides feedback on MSF evaluation to the candidate)** |
| **Name & Signature of person** **who provides feedback:** |
| **Name & Signature of Candidate:** |
| **Date of Feedback:** |