

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:** | | | | | | | |