**Multi Source Feedback (MSF)**

**Please note!**

Please return the completed form to the trainees Educational Supervisor stated bellow to collate responses; please don’t send it to the anaesthetist in training!

Anaesthetist in training’s surname: **Click or tap here to enter text.**

Anaesthetist in training’s forename(s): **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): Click or tap here to enter text.

Stage of training:**Choose an item.**

Date: **Click or tap to enter a date.**

Participant name: **Click or tap here to enter text.**

Participant job role: **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): **Click or tap here to enter text.**

**Educational Supervisor name: Click or tap here to enter text.**

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| **In what setting have you observed/worked with the doctor?**Choose an item. |

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| **Knowledge Skills and performance** |
| Ability to diagnose patient problemsChoose an item. |
| Ability to plan patient careChoose an item. |
| Awareness of their own limitationsChoose an item. |
| Ability to keep up to date with knowledge and skillsChoose an item. |
| Responds to pain and distress in patients appropriatelyChoose an item. |
| Technical skills (appropriate to grade)Choose an item. |
| Ability to multitask and work effectively in a complex environmentChoose an item. |
| Ability to manage time effectively/prioritiseChoose an item. |
| Able to cope under stressChoose an item. |
| Willingness and effectiveness when teaching/training colleaguesChoose an item. |
| Ability to take leadership role when circumstances requiredChoose an item. |
| Keeps clear accurate legible records contemporaneouslyChoose an item. |

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| **Safety and Quality** |
| Contributes effectively to audit, appraisal and clinical governanceChoose an item. |
| Safeguards and protects patient’s wellbeingChoose an item. |
| Responds promptly to risks posed by patientsChoose an item. |

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| **Communication, control and teamwork** |
| Communication with patientsChoose an item. |
| Communication with carers and/or familyChoose an item. |
| Verbal communication with colleaguesChoose an item. |
| Written communication with colleaguesChoose an item. |
| Ability to recognise and value the contribution of othersChoose an item. |
| Accessibility/ReliabilityChoose an item. |

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| **Maintaining trust** |
| Respect for patient’s privacy, right for confidentialityChoose an item. |
| Polite, considerate and honest to patientChoose an item. |
| Treats patient fairly and without discriminationChoose an item. |
| Treats colleagues fairly and without discriminationChoose an item. |
| Honest and objective when appraising and assessing colleaguesChoose an item. |

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| **Probity and Health** |
| Do you have any concerns about this doctor’s probity or health?Choose an item. |

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| **Concerns raised** |
| **Please explain any concerns**You must complete this question if you have stated that there is a need for a trainee to improve or that they were unacceptable.Click or tap here to enter text. |

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| **Additional Comments****Please add comments that you wish to make**Click or tap here to enter text. |