**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 problems  Choose an item. |
| Ability to plan patient care  Choose an item. |
| Awareness of their own limitations  Choose an item. |
| Ability to keep up to date with knowledge and skills  Choose an item. |
| Responds to pain and distress in patients appropriately  Choose an item. |
| Technical skills (appropriate to grade)  Choose an item. |
| Ability to multitask and work effectively in a complex environment  Choose an item. |
| Ability to manage time effectively/prioritise  Choose an item. |
| Able to cope under stress  Choose an item. |
| Willingness and effectiveness when teaching/training colleagues  Choose an item. |
| Ability to take leadership role when circumstances required  Choose an item. |
| Keeps clear accurate legible records contemporaneously  Choose an item. |

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| **Safety and Quality** |
| Contributes effectively to audit, appraisal and clinical governance  Choose an item. |
| Safeguards and protects patient’s wellbeing  Choose an item. |
| Responds promptly to risks posed by patients  Choose an item. |

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| **Communication, control and teamwork** |
| Communication with patients  Choose an item. |
| Communication with carers and/or family  Choose an item. |
| Verbal communication with colleagues  Choose an item. |
| Written communication with colleagues  Choose an item. |
| Ability to recognise and value the contribution of others  Choose an item. |
| Accessibility/Reliability  Choose an item. |

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