

Multi-Source Feedback (Assessor Form)

	Please use black ink and CAPITAL LETTERS. Please complete the questions using a tick 🗹					
Trainee's name:						
Trainee's GMC No. Hospital:						
Training post: CT/ST1 CT/ST2 ST3 ST3 ST4 ST5 ST6 ST6 ST7 ST8 Other						
Specialty:						
Your assessment should be undertaken without discussion with either the trainee or other assessors and should be judged against the standard set by other doctors at the same level with whom you work, or have worked						
	How do you rate this trainee in their:	Outstanding*	Satisfactory	Development required*	Not observed by me	
Clinical Care						
1.	History taking and examination skills	(
2.	Relevant knowledge and diagnostic skills					
3.	Ability to formulate appropriate management plans					
4.	Procedural (technical) skills					
5.	Record keeping (timely, accurate, legible)					
Maintaining good medical practice						
6.	Ability to manage time and work under pressure	y.				
7. Decision making and implementation skills						
8. Awareness of own limitations (willing to ask for help)						
9. Initiative and leadership skills						
10. Focus on patient safety (clinical governance)						
Learning and teaching						
11. Willingness to ask for feedback and to learn from it						
12	. Teaching tenthusiasm and effectiveness)					
Relationships with patients and colleagues						
13	Communication with patients and their relatives					
14	. Communication with colleagues					
15, Active involvement with your team						
16. Accessibility and reliability						
Summary						
	rerall, how do you rate this doctor compared to other ctors at the same level with whom you have worked?					

* Please give specific examples relating to any areas that you have rated as 'Outstanding' or 'Development required' overleaf

Your anonymised comments will be passed on to the trainee. If you have identified serious concerns, or if more than one rater makes similar comments, then the trainee's Educational Supervisor may approach you for more information

Please give specific examples relating to any area in which you feel this trainee is outstanding:	Please give specific examples relating to any area in which you feel that this trainee requires development:
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Do you have any concerns about this doctor's probity or health? If yes, please state your concerns:	
Environments observed: Ward Outpatients MDT Other (please specify)	Critical care Theatre A&E/admissions
Your position: Consultant SASG Nurse CST Other (please specify) Have you reachine NISF guidance notes? Yes How long has it taken you to complete this form in minutes?	SpR/StR Foundation Doctor Allied Health Professional Administrator No
Assessor satisfaction with MSF 1 2 3	 4 5 6 7 8 9 10
Assessor's name:	
Assessor's institutional e-mail address: Signature:	Date: / /