

# 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  ST4  ST5  ST6  ST7  ST8  Other

Specialty:  Cardio  General  Neuro  OMFS  Otol  Paed  Plast  T&O  Urology

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
<b>Clinical Care</b>				
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)				
<b>Maintaining good medical practice</b>				
6. Ability to manage time and work under pressure				
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)				
<b>Learning and teaching</b>				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
<b>Relationships with patients and colleagues</b>				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement with your team				
16. Accessibility and reliability				
<b>Summary</b>				
Overall, how do you rate this doctor compared to other doctors 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

