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| Candidate and co-worker assessor information | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | |  | | | | | | Assessor Name | | | | | | |  | | | | | | | | |
| Date of Assessment | | |  | | | | | | Assessor Position | | | | | | |  | | | | | | | | |
| How well do you know this doctor? | | | |  | \*Not at all | |  | \*Not well | | |  | | | \*Somewhat | | | |  | | Well | |  | Very well | |
| \*If you have marked anything below ‘well or not well’; please refere to your provider for advice as to your suitability to assess the candidate. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please rate this doctor on the performance statements according to the following scale. This forms is used by a variety of the doctor’s co-workers (for example, nurses, pharmacists, psychologists). Therefore, not all of the items will be relevant to you. Please use the unable to assess if you have insufficient information to answer a question. Your individual replies will remain confidential. Replies from co-workers will be combined before feedback is given to the candidate. Mark (**√**) with an ink pen. | | | | | | | | | | | | | | | | | | | | | | | | |
| This doctor: | | | | | | Unable to assess | | | | I strongly disagree | | | I disagree | | | | Neutral | | | | I agree | | I strongly agree | |
| 1. | Communicates effectively with patients. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 2. | Provides patient information about patients in a timely manner when required. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 3. | Is available to patients when required. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 4. | Is receptive and respectful of co-worker input regarding care of patients. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 5. | Takes responsibility for professional actions. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 6. | Maintains the confidentiality of patients. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 7. | Speaks respectfully of colleagues in conversations with patients and co-workers. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 8. | Respects my professional knowledge. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 9. | Is proficient in English. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 10. | Treats patients with respect. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 11. | Has the appropriate knowledge and skills to provide proper patient care. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 12. | Treats me with respect. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 13. | Facilitates co-worker and colleague learning. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 14. | Manages stressful situations constructively. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 15. | Collaborates with colleagues. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 16. | Is willing to take responsibility for error. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| This doctor: | | | | | | Unable to assess | | | | I strongly disagree | | | I disagree | | | | Neutral | | | | I agree | | I strongly agree | |
| 17. | Contributes to administrative practices supporting good medical care (office protcols, timely reports / information flow). | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 18. | Writes prescriptions and orders clearly. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 19. | Demonstrates commitments to health promotion in the community and practice. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 20. | Manages health care resources appropriately. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 21. | Appears committed to and current with advances in medical education. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 22. | Appears medically capable to practise medicine.(unencumbered by physical and mental health problems and drug, alcohol and substance abuse) | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| 23. | Is someone I would recommend to a friend or family member. | | | | | 00 | | | | 10 | | | 2 | | | | 3 | | | | 4 | | 5 | |
| **Global Rating** An overall rating for this candidate’s performance and professionalism in all areas. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Below expected level | | | | | | At expected level | | | | | | | Above expected level | | | | |  |
|  | | | | | | 3  2  1 | | | | | | 6  5  4 | | | | | | | 9  8  7 | | | | |  |
| Assessor’s comments on the candidate’s performance | | | | | | | | | | | | | | | | | | | | | | | | |
| Please comment especially on any ratings at 3 or below. All comments are deidentified and aggregaged for feedback. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Assessor: | |  | | | | | | | | Date: | | | | | /  /  /  / | | | | | | | | | |

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| Aim of Multisource feedback assessment[[1]](#footnote-1)  Multisource feedback (MSF) is an assessment which provides evidence on the performance of a candidate from a variety of sources. These sources may include colleagues, other co-workers (nurses, allied health) and patients. Questionnaires completed by each of these groups assess a candidate’s performance over time in contrast to a specific candidate encounter. MSF enables the assessment of proficiencies that underpin safe and effective clinical practice, yet are often difficult to assess including interpersonal and communication skills, teamwork, professionalism, clinical management and teaching abilities.  Level of Assessment  It is important to note that the candidate is being rated at the level of PGY1 (intern) level and should demonstrate characteristics that are satisfactory at that level.  Assessors  Assessors MUST be familiar with the candidate’s usual performance in his/her work. If you do not know the candidate well enough to do this, please return the form to the provider so that another assessor may be selected.  Please refer to the AMC Intern Outcome Statements for more guidance on what is expected of an intern <http://www.amc.org.au/joomla-files/images/intern-training/intern-training-intern-outcome-statements-2014-09-24.pdf>  Overall performance  An overall judgement of performance at the expected level (PGY1).  After completing your feedback form please ensure that it is signed. | Notes  If there are further notes for this candidate they may be included here. |

1. Please visit wbaonline.amc.org.au for the MSF training resource and further information. [↑](#footnote-ref-1)