

# Multi-Source Feedback (MSF)

Form is intended to be distributed and collated by LMS. Instructions will be amended to suit.

Trainee: \_\_\_\_\_ Assessor: \_\_\_\_\_

Hospital, Practice or Organisation: \_\_\_\_\_

Professional Role: (tick the box below).

- Radiation Oncologist   
  RO Registrar   
  Medical specialist (state discipline) \_\_\_\_\_  
 Radiation Therapist   
  Other RO Professional \_\_\_\_\_  
 Administrative staff   
  Allied Health \_\_\_\_\_   
  Nurse

## RETURN FORM TO:

Supervisor: _____	Email: _____
Please return the completed form by: _____	

<b>Instructions</b> Please rate the trainee on all items or indicate if you are unable to answer an item. For each section please include an explanation for the ratings in that section by including an example or comments. Please be honest. Your responses will only be known to the clinical supervisor. The trainee will receive feedback from multiple assessors collated onto a summary form, with individual responses <u>de-identified</u> . Please return your completed form to the clinical supervisor by the due date indicated above.	Unable to answer	Never	Some of the time	Most of the time	All of the time
<b>COMMUNICATOR</b>					
Effective communication with patients					
Manages emotions of patients and family members					
<b>COLLABORATOR</b>					
Effective, accurate communication with other professionals					
Works well in a team, respecting contributions of all members					
Shares responsibility effectively with others to ensure optimal patient care					
Approachable and available when needed					
<b>LEADER</b>					
Contributes to improving patient care pathways and processes					
Engages with and supports others to achieve shared goals					
Manages stress and maintains personal health and wellbeing					
<b>HEALTH ADVOCATE</b>					
Focuses on patient's individual needs and circumstances					

Demonstrates cultural competency and respect for diversity					
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**PROFESSIONAL**

Demonstrates honesty, integrity and reliability					
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Acknowledges professional limitations and requests help when needed					
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Supports and responds to colleagues in need					
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Demonstrates effective time management, is punctual					
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**SCHOLAR**

Listens to others' suggestions to improve					
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Contributes to the education of others					
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*Please add any specific comments or examples to support any of your responses*

Assessor signature: \_\_\_\_\_