**MULTI-SOURCE FEEDBACK (MSF) SELF-ASSESSMENT FORM**

*Draft Proposal for Enhanced Radiation Oncology Training Program*

Form is intended to be distributed and collated by the Training e-Portfolio. Instructions will be amended to suit.

**Trainee RANZCR ID:** _________________

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Unable to answer</th>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective communication with patients</td>
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<tr>
<td>Manages emotions of patients and family members</td>
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**COMMUNICATOR**

**COLLABORATOR**

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

**LEADER**

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

**HEALTH ADVOCATE**

Focuses on patient’s individual needs and circumstances

Demonstrates cultural competency and respect for diversity

**PROFESSIONAL**

Demonstrates honesty, integrity and reliability

Acknowledges professional limitations and requests help when needed

Supports and responds to colleagues in need

Demonstrates effective time management, is punctual
<table>
<thead>
<tr>
<th>SCHOLAR</th>
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<tbody>
<tr>
<td>Listens to others’ suggestions to improve</td>
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<tr>
<td>Contributes to the education of others</td>
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</table>

Please add any specific comments or examples to support any of your responses

Trainee Signature: _________________________
Date: _________________________