MSF FORM B



Postgraduate Institute of Medicine University of Colombo

Multisource Feedback Form (MSF)

Details of the Trainee

name:		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			•••••			
Specialty:				• • • • • • • • • • • • • • • • • • • •	•••••				
Date:									
1) Please indicate your profession/od	ccupation								
Consultant	Nursi	ng Office							
Senior Registrar		l Health F	al						
Registrar		al or Sec		_ f □					
SHO or HO									
Other	Technician								
Please Specify:									
2) Your scoring should reflect the performance of this trainee against that which you would reasonably expect at his/her stage of training and level of experience. Please feel free to add any other relevant comments about this doctor's strengths and weaknesses.									
	Strongly				Strongly Agree	N/A			
	Disagree 1	2	3	4	5				
Attitude to staff: Respects and values contributions of other members of the team									
Attitude to patients: Respects the rights, choices, beliefs and confidentiality of patients									
Reliable & punctual									
Communication skills: communicates effectively with patients and staff									
Team player skills: Approachable, Supportive and accepts appropriate responsibility									
Leadership skills: Takes responsibility for own actions and actions of the									

3)	B) Honesty and Integrity: do you have any concerns?											
	;	1.	Yes									
		2.	No									
4) What is your overall rating of trainee's professionalism?												
	0		1	2	3	4	5	6	7	8	9	10
0 - Very poor 10 - Extremely good												
5) Any other comments regarding doctor's strengths and weaknesses:												
Nan	ne of the	res	ponde	er:							•••••	
Date	e:				•••••						•••••	
Tha	nk you!											