

Top of Form

Multi-Source Feedback Questionnaire

You have been asked to complete a multi-source feedback questionnaire for:
**Name:**

**Position**:
This is a multi-source feedback questionnaire collected from colleagues. Good practice involves sending the questionnaire to a range of clinical and non-clinical colleagues.
The responses are anonymous and will be used to give feedback to the professional. They will be used as part of a portfolio for learning and continued professional development.
Part 1 should be completed by all respondents. Part 2 should be completed by clinical staff only.
**Thank you for your time and consideration.**

Q1. Date:

Q2. What is your job title?

Q3. Please provide your assessment of their overall professional behaviour?

|  |  |
| --- | --- |
| Very poor |  |
| Poor |  |
| Fair |  |
| Good |  |
| Very Good |  |
| Excellent |  |
| Outstanding |  |

Q4. Is the professional (tick all that apply).

|  |  |
| --- | --- |
| Caring |  |
| Respectful |  |
| Shows no prejudice |  |
| Communicates effectively |  |
| Respects other colleagues roles in the health care team |  |
| Works constructively with colleagues |  |
| Speaks good English at an appropriate level |  |
| Does not shirk responsibilities |  |
| Demonstrates commitment to their work as a member of the team |  |
| Takes responsibility for their own learning |  |

Q5. Do you have any comments regarding highlights of performance? Please justify with examples.

**To be completed by qualified staff only.**

Q6. Suggested areas for development in performance.

Q7. Please provide your assessment of this professionals overall clinical performance.

|  |  |
| --- | --- |
| Very poor |  |
| Poor |  |
| Fair |  |
| Good |  |
| Very Good |  |
| Excellent |  |
| Outstanding |  |

Q8. Considering the overall performance does the professional (tick all that apply).

|  |  |
| --- | --- |
| Identify problems |  |
| Take a diagnostic approach |  |
| Have independent learning habits |  |
| Have a range of clinical and technical skills |  |

Q9. Please comment on highlights of performance and provide examples if were appropriate

Q10. Please comment on suggested areas for development in performance.

Bottom of Form