



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Training Assessment

Multi-source Feedback Summary

MsF

This form is to be completed for trainees who are completing a term in intensive care or are completing a core study unit overseas. This should be a summary of at least seven [multi-source feedback forms](#) completed by specialist anaesthetists and other team members (for example provisional fellows, surgical registrars, senior anaesthetic and recovery nursing staff) with whom the trainee works.

Trainees please note: You should retain a copy of this form for your records.

1. PERSONAL INFORMATION

ANZCA ID:

Family name:

First Name:

Middle Name:

2. TRAINING DETAILS

To be completed by the supervisor

Supervisor name:

Date of assessment: Day Month Year

Is this assessment for intensive care medicine? Y / N

3. FEEDBACK SOURCE

Please indicate the number of responses from each of the following:

Specialist- Anaesthesia

Provisional fellowship trainee- Anaesthesia

Provisional fellowship trainee equivalent - intensive care medicine

Provisional fellowship trainee equivalent other medical specialty

Specialist- Intensive care

Nurse/technician (Anaesthesia/ Intensive care)

Other nurse/midwife/technician (Theatre/pain/recovery/ ward/maternity)

Other medical specialist (Surgeon etc)

Other health professional (Physiotherapist, Pharmacist, Dietician etc)

4. FEEDBACK SUMMARY

Please note: Every field is mandatory. If you are unable to assess, write '0'.

| | Average | Minimum | Maximum |
|---|---------|---------|---------|
| <i>Please score between 0-9</i> | | | |
| Relationship with patients | | | |
| Communication with patients | | | |
| Describe how the trainee interacts with patients and their families | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Empathy | | | |
| Integrity | | | |
| Advocacy | | | |
| Communicating with team | | | |
| Describe how the trainee interacts with other team members | | | |
| _____ | | | |
| _____ | | | |
| Working with team | | | |
| Teaching | | | |
| Learning | | | |
| Organisation/Efficiency | | | |
| Planning and Preparation | | | |
| Management in theatre environment | | | |
| Insight | | | |
| Professionalism | | | |
| Ethical behaviour | | | |
| Cost Efficiency | | | |
| Work practices | | | |

5. GLOBAL ASSESSMENT

| | Average | Minimum | Maximum |
|---------------------------------|---------|---------|---------|
| <i>Please score between 0-9</i> | | | |
| MsF Global Assessment | | | |

6. OVERALL FEEDBACK SUMMARY

Examples of what has been done well

Suggestions for improvement

Areas for review during next training period

7. OVERALL GLOBAL ASSESSMENT

At what level do you think the trainee is performing?

- Introductory training Early Late
- Basic training Early Late
- Advanced training Early Late
- Provisional Fellowship training Early Late

Does the MsF undertaken within the training period provide evidence that the trainee is performing at the required level? Yes No

| | Significant assistance, support and review | | | Some constructive feedback | | | Positive feedback only | | |
|------------------------------|--|---|---|----------------------------|---|---|------------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Supervisor global assessment | | | | | | | | | |

8. SUPERVISOR DECLARATION

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Supervisor's Name:

Signature:

Day Month Year

Please send your completed form to the ANZCA Training Assessment unit:

Email: training@anzca.edu.au
Fax: +61 3 8517 5362