

Conjoint Program (UKM, UM, USM, UPM) Master of Paediatrics / Master of Medicine (Paediatrics)

Multisource Feedback (MSF) Paediatrics CONFIDENTIAL – to be submitted directly to the Educational Supervisor

Trainee's Full Name:																				
Trainee's MMC Number:						Peri	iod c	of Ass	essm	ent: (dd/m	ım/yy	/yy)_			to)			
Assessor's position: Consultant □ Specialist □ Nurse/Paramedic □ (Senio Others			Offic	er 🗆	l	Matr	on/S	ister _		N	1edic	cal Of	ficer	. 🗆	Hou	se Of	ficer		
Location/Setting of asses Subspecialty /Other wards (Spe			neral	Pa	ed Wa	ard [] I	PICU		NICL	J	Spe	cial (Care	Nurs	ery C]			
Grading: 5 – Above Expectation	s; 4- Me	eets Ex	pectat	ions	; 3-Bo	rderli	ne; 2	- Belo	w ex	pecta	tions	; 1- A	Area o	f con	cern					
Domain									Comments Anything especially good? Any concerns?											
Professional competence - clinical decision ma	king	Gra □ 5			3 □2	1						, o			<u>, </u>					
 Technical/procedur skills 	al	□ 5	□ 4		3 □2	1														
 aware of limitations, consults accordingly 			□5 □4 □3 □2 □1																	
- able to prioritise		□ 5	□4		3 □2	□1														
 able to manage con situations 	nplex	□ 5	□ 4		3 □2	□1														
Working with colleagues /To work (medical officers, hous officers, nurses)		Gra	de																	
- responds quickly		□ 5	□5 □4 □3 □2 □1																	
 accessible reliable; punctual 		□ 5	□5 □4 □3 □2 □1																	
- arranges for cover		□ 5	□4		3 □2	1														
 respects colleagues confidentiality, right and beliefs 		5	□4		3 □2	1														
Leadership and initiative - willing to take charg	TO Of	Gra	de:															-		
the situation as nee	□5 □4 □3 □2 □1																			
 able to manage con situations 	□5 □4 □3 □2 □1																			
 teaching and guiding juniors 			□5 □4 □3 □2 □1																	
 honesty and integri 		□4	3 □2																	

Relationship with patients and their parents/family	Grade: 5	
	□5 □4 □3 □2 □1	
Are there any specific concerns If yes, please provide details (e		
Overall – How do you rate this Conclusions and Comments:	trainee? □5 □4	□3 □2 □1
Assessor's Full Name:		
Assessor's MMC/Registration No.		Assessors Signature: and stamp: Date:

Reminder: do not hand the MSF to the trainee. Submit directly to the Educational Supervisor