**Foundation Pharmacist Programme- Multi-Source Feedback Review (360 Feedback)**

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| **Assessor Position**  *(Please Circle)* | Educational Supervisor | Pharmacy Colleague | Other Health Care staff e.g.  Doctor, Nurse, Ward Clerk, Allied Health Professional | Practice Supervisor | Other: Please state  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*Please tick if this is a Foundation Pharmacist Self-Assessment* □

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| **Name of Foundation Pharmacist** |  | **Organisation placement** |  |
| **Training period *from*** |  | ***To*** |  |
| **Name of Educational Supervisor:** |  | **Educational Supervisor email:** |  |

Please use the comments box to commend good behaviour and to describe any behaviour which is causing you concern, giving specific examples. This form should be sent to the Foundation Pharmacist’s Educational Supervisor (details available above), who may ask you privately to enlarge on any concern about behaviour you report. The Foundation Pharmacist will receive private feedback, but you will not be identified in person without an advanced discussion with you.

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| **Attitude and/or behaviour** | Please tick one of the following options | ***COMMENTS:*** *Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here.* ***You must specifically comment on any concern about behaviour*** *and this should reflect the trainee’s behaviour over time – not usually just a single incident.* |
| **Maintaining trust/professional relationship with patients**   * Listens * Is polite and caring * Shows respect for patients' opinions, privacy, dignity, and is unprejudiced | No Concern 🔾  Some concern 🔾  Major concern 🔾 |  |
| **Verbal communication skills**   * Gives understandable information   speaks good English, at the appropriate level for the patient | No Concern 🔾  Some concern 🔾  Major concern 🔾 |  |
| **Attitude and/or behaviour** | Please tick one of the following options | ***COMMENTS:*** *Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here.* ***You must specifically comment on any concern about behaviour*** *and this should reflect the trainee’s behaviour over time – not usually just a single incident.* |
| **Team-working/working with colleagues**   * Respects others’ roles, and works constructively in the team * Hands over effectively, and communicates well   Is unprejudiced, supportive and fair | No Concern 🔾  Some concern 🔾  Major concern 🔾 |  |
| **Accessibility**   * Accessible * Takes proper responsibility. Only delegates appropriately. * Does not shirk duty   Responds when called. Arranges cover for absence | No Concern 🔾  Some concern 🔾  Major concern 🔾 |  |

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| **Feedback on areas of further development for the Foundation Pharmacist** |  |

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| **Name of Assessor:** |  | | |
| **Signature:** |  | **Date**: |  |

***Please email the multi-source feedback form to the Educational Supervisor using the contact details provided above***