



Multi-Source Feedback (MSF) – Individual Respondents

DESCRIPTION

This form requires people who worked with the Registrar to provide feedback on the Registrar's performance during the event/team coverage. The aim of this form is to provide feedback to the Registrar so they can further enhance their skills during the ACSEP Specialist Training Program. Your individual responses provided in this form will be collated with feedback from other responders involved in the same event/team. If you have particular concerns about the Registrar's performance, contact the Clinical Training Supervisor directly using the contact details below. Do not discuss your responses with other responders.

REGISTRAR DETAILS

Registrar name			
Registrar Position			
Event/Team Name			
Duration From		Duration To	
Clinical Training Supervisor			
Clinical Training Supervisor Email			
Respondent Name			
Respondent Position			



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FEEDBACK RATING

Please rate the Registrar on the following	Not applicable	Never	Sometimes	Usually	Consistently
Communication and collaboration					
<i>Established relationships with the team or group as a whole to facilitate optimal care</i>					
<i>Communicated effectively with athletes, coaches and/or staff</i>					
<i>Fostered collaboration among medical and performance teams</i>					
<i>Negotiated overlapping and shared responsibilities</i>					
Management and health advocacy					
<i>Planned appropriate prior to the event/travel to provide medical care when required</i>					
<i>Showed initiative to regularly review injuries, illness and psychosocial issues with appropriate staff</i>					
<i>Demonstrated punctuality and reliability</i>					
<i>Provided health and wellness education to team members and coaching staff</i>					
<i>Identified opportunities for health promotion, and injury and disease prevention</i>					
Professionalism					
<i>Conducted themselves in a professional and ethical manner</i>					
<i>Knew the limits of their expertise and asked for help when required</i>					
<i>Respected cultural differences in patients and colleagues</i>					
<i>Provided culturally appropriate care</i>					



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Provide examples of any areas the Registrar was excellent and beyond expectations	
Provide examples of any areas the Registrar requires further development	

SIGNOFF

Respondent Name		Signature	
Date			