



Multi-Source Feedback (MSF) – Collated Responses

DESCRIPTION

This form requires collation of responses from individual respondent forms from the Registrar's MSF WBA. A minimum of 6 respondents is required for a valid assessment. The responses from individual respondent forms must be collated by the Registrar prior to presenting this form to their CTS.

This form must be uploaded to the Registrar's online portfolio as proof of WBA completion.

REGISTRAR DETAILS

Registrar name			
Stage of training		Year	
Registrar Position			
Event/Team Name			
Duration From		Duration To	
Number of individual respondents			

FEEDBACK RATING

Add up the number of responses for each rating and write in the corresponding box as per the example in the first row of the collated feedback rating table on the next page. The example indicates that 6 individual MSF forms were completed, and 4 respondents suggested the Registrar consistency demonstrated the attribute, while 2 suggested the Registrar usually did.



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Please rate the Registrar on the following:	Not applicable	Never	Sometimes	Usually	Consistently
EXAMPLE - [Attribute description here]				2	4
Communication and collaboration					
Established relationships with the team or group as a whole to facilitate optimal care					
Communicated effectively with athletes, coaches and/or staff					
Fostered collaboration among medical and performance teams					
Negotiated overlapping and shared responsibilities					
Management and health advocacy					
Planned appropriate prior to the event/travel to provide medical care when required					
Showed initiative to regularly review injuries, illness and psychosocial issues with appropriate staff					
Demonstrated punctuality and reliability					
Provided health and wellness education to team members and coaching staff					
Identified opportunities for health promotion, and injury and disease prevention					
Professionalism					
Conducted themselves in a professional and ethical manner					
Knew the limits of their expertise and asked for help when required					
Respected cultural differences in patients and colleagues					
Provided culturally appropriate care					



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Written comments on any areas the Registrar was excellent and beyond expectations	
Written comments on any areas the Registrar requires further development	

SIGNOFF

CTS Name		Signature	
Date			