**Appendix 3 Multi Source Feedback**

It is considered essential that all clinicians ensure that they have explored their relationships with other professional colleagues and that the feedback is reflected upon and used to develop their professional development plans and CPD plans. It is usal to request this to be provided by a minimum of eight raters-these can be both clinical and non clinical colleagues. There are two main tools that can be used- Mini pat-mini peer assessment tool , and TAB –team assessment of behaviour. Examples of each are shown below.

**Tier 2 (Mini-PAT)**

**Name of clinician** GDC No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service / Placement\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale 1 - 6** | Needs Improvement before tier 2 contract | Borderline for tier 2 contract | Acceptable for tier 2 contract | Above expectations for tier 2 contract | Not Observed |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Good Clinical Care**1. Ability to diagnose patient problems
2. Ability to formulate appropriate management plans
3. Awareness of their own initiative
4. Ability to respond to psychosocial aspects of illness
5. Appropriate utilization of resources

**Maintaining Good Dental Practice**1. Ability to manage time effectively / prioritise
2. Technical skills (appropriate current practice)

**Relationships with Patients**1. Communication with patients
2. Communication with carers / family
3. Respect for patients & their right to confidentiality

**Working with Colleagues**1. Verbal communication with colleagues
2. Written communication with colleagues
3. Ability to recognise & value others’ contributions
4. Accessibility / reliability
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Do you have concerns about this Dentists probity or health? Yes ❒ No ❒

(*If yes please state concerns below*)

Which clinical environment have you observed the dentist in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position: GDS Trainer ❒ Specialist❒ Foundation Dentist ❒

Associate ❒ DCP ❒ AHP ❒

Nurse ❒ Consultant ❒ DCT ❒ SpR ❒

Other ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you are a nurse / AHP / DCP how long have you been qualified? \_\_\_\_\_ years

Length of working relationship \_\_\_\_\_ months

Evaluator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Areas of good performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Areas for development \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Team Assessment of Behaviour (TAB)**

Dentist name GDC No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service / Placement\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attitude and / or behaviour** | ***No concern*** | ***You have some concern*** | ***You have major concerns*** | ***Comments:******You must specifically comment on any behaviour causing concern****, and this should reflect behaviour over time not a single incident.* |
| **Maintaining trust / professional relationship with patients***(listens, polite & caring, shows respect for patients’ opinions, privacy, dignity & confidentiality. Is unprejudiced)* |  |  |  |  |
| **Verbal Communication Skills***(Gives understandable information. Speaks good English, at the appropriate level for the patient)* |  |  |  |  |
| **Team working / working with colleagues***(Respects others’ roles, & works constructively in the team. Hands over effectively & communicates well. Is unprejudiced, supportive & fair.)* |  |  |  |  |
| **Accessibility***(Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence)* |  |  |  |  |

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Do you have concerns about this Dentists probity or health? Yes ❒ No ❒

(*If yes please state concerns below*)

Which clinical environment have you observed the dentist in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position: GDS Trainer ❒ Specialist ❒ Foundation Dentist ❒

Associate ❒ DCP ❒ AHP ❒

Nurse ❒ Consultant ❒ DCT❒ SpR ❒

Other ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a nurse / AHP / DCP how long have you been qualified? \_\_\_\_\_ years

Length of working relationship \_\_\_\_\_ months

Areas of good performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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