**Colleague Feedback Questionnaire**

**Name of Physician Associate:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Below average** | **Good** | **Outstanding** | **U/C** |
| **1. Clinical Assessment:** Diagnostic skill; performance of practical/technical procedures |  |  |  |  |  |
| **2.** **Patient Management:** Management of complex clinical problems; appropriate use of resources |  |  |  |  |  |
| **3.** **Reliability:** Conscientious and reliable; available for advice and help when needed; time management |  |  |  |  |  |
| **4. Professional Development:** Commitment to improving quality of service; keeps up-to-date with knowledge and skills |  |  |  |  |  |
| **5.** **Teaching and Training:** Contributes to the education and supervision of students and junior colleagues |  |  |  |  |  |
| **6. Verbal Communication:** Spoken English; communication with colleagues, patients, families and carers |  |  |  |  |  |
| **7.** **Empathy and Respect:** Is polite, considerate and respectful to patients and colleagues of all levels; compassion and empathy towards patients and their relatives |  |  |  |  |  |
| **8.** **Team Player:** Values the skills and contributions of multi-disciplinary team members |  |  |  |  |  |
| **9. Leadership:** Takes the leadership role when circumstances require and as appropriate  |  |  |  |  |  |
| **10.** Do you have any concerns about the Probity or Health (physical or mental) of this Physician Associate? *(If yes, please specify in the text box below)* **Yes**   **No** |

**NB For** statements above with an ‘unacceptable’ or ‘outstanding’ rating, you must give specific examples. This is a very important and useful part of the appraisal process. All your comments will be anonymous but will be reported back verbatim, so there is a risk of your identification from the nature of your comments.