COMMITTEE FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE EDUCATION (CSIMGE)

SUBSTANTIAL COMPARABILITY PATHWAY

360° Feedback Form B



FORM B: PATIENT/FAMILY/CARER ASSESSMENT QUESTIONNAIRE

We would like to ask for your assistance by giving feedback about the doctor named below.

- Your individual reply will remain confidential.
- Responses from all surveys will be de-identified and combined before feedback is given to the doctor.

INSTRUCTIONS

- Please read each statement and circle or tick the number that best fits for the Doctor.
- Please circle or tick "0 Unable to Assess" if you cannot comment on the statement.

KEY	* Unable to Assess	1 = Almost never	2 = Rarely	3 = Sometimes	4 = Frequently	5 = Almost always
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Doctor's Name	
Your Name (Please Print)	
Your Signature	

On completion, all pages of this form must be returned to: Specialist International Medical Graduate Education

EMAIL: comparability@ranzcp.org FAX: 03 9642 5652 or POST: 309 La Trobe St Melbourne VIC 3000



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DOCTORS NAME: _____

_	This device	au la malita deservi		abla		_
1.		or is polite, respec	ctful and approach	nable.		
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
2.	This docto	or is reliable with I	keeping appointm	ents and other co	mmitments.	
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
3.	This docto	or speaks clearly	and uses understa	andable language).	
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
4.	This docto	or respects my pri	vacy and does no	ot behave imprope	erly toward me.	
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
5.	This docto	or asks for and lis	tens to my point o	of view and conce	rns.	
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
6.	This docto	or explains what I	wish and need to	know about my o	condition, treatme	nt and care.
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
7.	This docto	or discusses chan	ges of treatment	with me.		
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
8.	This docto	or discusses with	me what is talked	about with my fa	mily and with my	other carers.
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
9.	I feel this	doctor understand	ds me.			
*	Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always
10	. I feel this	doctor works in m	y best interests.			
	* Unable to Assess	1 Almost never	2 Rarely	3 Sometimes	4 Frequently	5 Almost always

(Ref: RCPsych 360° feedback)

The RANZCP Code of Ethics (July 2010) says that Psychiatrists shall:

- 1) Respect the essential humanity and dignity of every patient
- 2) Not exploit patients
- 3) Provide the best attainable psychiatric care for their patients
- 4) Strive to maintain confidentiality of patients and their families
- 5) Seek valid consent from their patients before undertaking any procedure or treatment
- 6) Not misuse their professional knowledge or skills
- 7) Comply in any clinical research with ethical principles embodied in national and international guidelines, including informed consent from patients
- 8) Endeavour to learn from patients, their families and carers and to understand their social contexts.



you wish to, please make any further comments about the doctor and the treatment he or he provides, in the box below:				

Many thanks for your assistance.