

**360° Feedback Tool: Feedback Form**

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| **Learner Details**  |
| **Full Name**:   |

Please provide feedback on the following areas for the named individual. If you have any concerns, please note them in the comment fields below.

If you are unable to comment on the specified behaviour please leave section blank.

|  | Major concern | Some concern | No concern |
| --- | --- | --- | --- |
| **Maintaining trust/professional relationship with patients*** Actively listens
* Is polite and caring
* Shows respect for patients' opinions, privacy, dignity, and 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, and works constructively in the team
* Hands over effectively, and communicates well
* Is unprejudiced, supportive and fair
 | [ ]  | [ ]  | [ ]  |
| **Accessibility*** Accessible
* Takes proper responsibility Only delegates appropriately.
* Does not shirk duty
* Responds when called
* Arranges cover for absence
 | [ ]  | [ ]  | [ ]  |

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| **Comments**  |
| Comments on maintaining trust/professional relationship with patients:       |
| Comments on verbal communication skills:       |
| Comments on team-working:       |
| Comments on accessibility:       |

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| **Overall Comments**  |
| Comments on areas of good performance and areas for development:      |

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| **Feedback Provider Details** |
| **Feedback Provider Name**:  |
| **Feedback Provider Role:** | Educational supervisor / tutor | [ ]  |
|  | Employer | [ ]  |
|  | Practice supervisor | [ ]  |
|  | Senior pharmacist | [ ]  |
|  | Workplace facilitator | [ ]  |
|  | Healthcare colleague | [ ]  |
|  | Pharmacy colleague | [ ]  |
|  | Patient | [ ]  |
|  | Other | [ ]  |
| **Feedback Provider Signature:**   |
| **Date:**   |