**Appendix 4**

**Multisource Feedback Form for PSAB Specialist Accreditation**

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| --- |
| *For Assessor to complete* |
| **Name of Pharmacist (Applicant):** |  |
| **Name of Assessor:** |  |
| **Designation / Department of Assessor:** |  |
| **Email of Assessor:** |  |
| **In what capacity are you working with the pharmacist?** |
|  |
| **Date of assessment:** |  |
| *Please rate the pharmacist on his/her communication, professionalism and leadership skills according to the following scale.* ***Individual reply will remain confidential****. Your honest feedback will be much appreciated.* |

|  |  |
| --- | --- |
| **1.** | **The pharmacist communicates effectively with patients/caregivers.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **2.** | **The pharmacist communicates effectively with other healthcare providers and advocates for the patient in a timely manner as and when it is appropriate to do so.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **3.** | **The pharmacist is a team player who proactively provides value-added recommendations in pharmacotherapy and monitoring of patients, and seeks consensus prior to implementation of care plans.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
|  |  |
| **4.** | **The pharmacist is someone with integrity, and exhibits professional and ethical behavior at all times.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **5.** | **The pharmacist is someone you trust for professional advice in specialty patients’ medication therapy.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **6.** | **The pharmacist is someone whom I would like to have as a permanent member of my team.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **7.** | **The pharmacist demonstrates self-leadership skills in managing his/her training & professional practice effectively.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
| **8.** | **The pharmacist is able to lead a project or work with a team effectively.** |
|  | [ ]  Strongly Agree [ ]  Agree [ ]  Disagree [ ]  Strongly Disagree [ ]  Unable to Assess  |
|  | Comments (\*required if Disagree/Strongly Disagree) |
|  |  |
|  |  |
|  | **Other comments** |
|  |  |
|  |  |