

Continuing Professional Development Program

Multi Source Feedback: Self Reflection Questionnaire Template



The Royal
Australian &
New Zealand
College of
Psychiatrists



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|-----------------------------|--|
| Name of Psychiatrist | |
| Date of Completion | |

| I am reliable with appointment times | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I communicate well with my patients and peers | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I make eye contact and use appropriate body language | | | | |
|--|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I listen attentively to my patients and peers | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I explain things in a manner which my patients are able to understand clearly | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I respect the privacy and confidentiality of my patients | | | | |
|--|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

| I explain the procedures and follow up for my treatment to my patients | | | | |
|--|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |

I review the effectiveness of the treatment regularly with my patients

| | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I explain potential side effects of medication / treatment to my patients

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I suggest alternate treatments to my patients which may be complementary

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I am concerned about the ongoing care of my patients

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I am available for further assistance if it is required by my patients

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I explain to my patients what is talked about with their family or carer

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I do not hesitate in asking for second opinions

| | | | | |
|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I frequently undertake research regarding best practice for improvement of care of my patients

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I attend CPD activities regularly to enhance practice improvement

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

I am aware and up to date with College and Medical Authority requirements

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|---|--------------------------------------|--|-----------------------------------|--|
| Strongly Disagree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Neither agree nor disagree <input type="checkbox"/> | Agree <input type="checkbox"/> | Strongly Agree <input type="checkbox"/> |
|---|--------------------------------------|--|-----------------------------------|--|

Additional Comments

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