

Continuing Professional Development Program

Multi Source Feedback: Peer Questionnaire Template



The Royal Australian & New Zealand College of Psychiatrists



Name of Psychiatrist	
Date of Completion	

This doctor shows commitment to attending meetings				
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"/>

This doctor take steps to resolve conflict/s				
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 can trust this doctor with confidential information				
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 comfortable seeking second opinions from this doctor				
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"/>

This doctor shows initiative in improving patient care and practice improvement				
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"/>

This doctor is an active participant of a peer review group / Grand Rounds / Journal Club				
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"/>

This doctor is willing to share useful resources with me				
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"/>

This doctor collaborate with others across boundaries

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"/>
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This doctor is available to listen to and learn from others

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"/>
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This doctor provides a sense of purpose and direction to the work place

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"/>
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I can communicate openly with this doctor

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"/>
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This doctor gives timely help and advice

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"/>
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This doctor seeks and acts on feedback

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"/>
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This doctor shows concern for team members

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"/>
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This doctor is willing to mentor / teach / supervise other medical or non-medical staff

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"/>
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Additional Comments

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