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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I am reliable with appointment times** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I communicate well with my patients and peers** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I make eye contact and use appropriate body language** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I listen attentively to my patients and peers** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I explain things in a manner which my patients are able to understand clearly** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I respect the privacy and confidentiality of my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I explain the procedures and follow up for my treatment to my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| **I review the effectiveness of the treatment regularly with my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I explain potential side effects of medication / treatment to my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I suggest alternate treatments to my patients which may be complementary** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I am concerned about the ongoing care of my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I am available for further assistance if it is required by my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I explain to my patients what is talked about with their family or carer** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I do not hesitate in asking for second opinions** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I frequently undertake research regarding best practice for improvement of care of my patients** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I attend CPD activities regularly to enhance practice improvement** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I am aware and up to date with College and Medical Authority requirements** | | | | |
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

|  |
| --- |
| **Additional Comments** |
|  |