

DOCUMENT 7

Locum Medical Officer Performance Assessment

This document may be completed by a Department Head or supervisor to provide feedback on the performance of a Medical Locum Officer to the Medical Workforce Unit at the conclusion of a placement.

Locum Medical Officer name:	
Department / Facility:	
Assessor name:	
Assessor title:	

Locum Medical Officer Placement				
Role:				
Date/s:		Day <input type="checkbox"/>	Evening <input type="checkbox"/>	Night <input type="checkbox"/>

Clinical skills / conduct	Good	Satisfactory	Poor	Unable to comment / not observed
Demonstrated experience in the role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical examination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus on clinical responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical skills / conduct	Good	Satisfactory	Poor	Unable to comment / not observed
Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should this Locum Medical Officer be engaged for future roles in your Department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, should this Locum Medical Officer be placed in the same role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, does this Locum Medical Officer require further training or development?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you provided this feedback to the Locum Medical Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to provide a reference for this Locum Medical Officer to other Public Health Organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Further comments (optional)