

## Medical Officer Term Supervisor Assessment

Last Name:	<input type="text"/>	Hospital:	<input type="text"/>
First Name:	<input type="text"/>	Term name:	<input type="text"/>
AHPRA registration no:	<input type="text" value="MED"/>	From:	<input type="text"/>
		DD/MM/YYYY	
		To:	<input type="text"/>
		DD/MM/YYYY	
Supervisor	<input type="text"/>	Dates the supervisor and MO have met:	<input type="text"/>

### SUPERVISOR

Did you seek feedback on the Medical Officer's performance from colleagues and other health professionals? *Circle all that apply*

Staff Specialists     
  Fellows     
  Registrars     
  Nursing     
  Patients     
  Allied Health     
  Administration

### Supervision of the Medical Officer

It is recommended that the Medical Officer meet with their Term Supervisor in the first week of term to set expectations. Arrange a date for the mid-term meeting, completing this form and at the end of the term, completing this form. Form is required to be returned to the WBA Program Coordinator. Having assessments assists in guiding you to be the best doctor you can be and supports your career planning.

### About the form

The purpose of this form is to provide formal feedback to the Medical Officer on their performance. A minimum of two formal meetings per term is required (mid term and end of term). This form is to be completed by the Medical Officer (self-assessment section) and then completed by the term supervisor.

### Instructions for Medical Officers

Complete the self-assessment sections of this form and arrange to meet with your Term Supervisor. Provide the partially completed form to your Term Supervisor and at your meeting complete the form. Reflect on your strengths and areas that you can identify you could benefit from further experience. On completion send to the WBA Program Coordinator.

### Instructions for Supervisors

Meet with the Medical Officer and complete this form, discussing the Medical Officers self-assessment and areas they have identified for development or improvement. Please remain constructive and assist them to identify areas for growth and assist with career planning

### THE APPRAISAL SCALE

Rate in each area using a 5 point scale as follows:

- 1 = Well below expected performance / No knowledge & skills demonstrated
- 2 = Below expected performance / Very limited knowledge & skills demonstrated
- 3 = Consistent performance / Sound knowledge & skills demonstrated
- 4 = Better than expected / Elevated level knowledge & skills demonstrated
- 5 = Exceptional Performance / Outstanding level of knowledge & skills demonstrated

There is space for comments and the end of this form for any further details you wish to provide.

## SUPERVISOR TO COMPLETE - MEDICAL/CLINICAL KNOWLEDGE AND APPLICATION

### Medical Knowledge and Clinical Application

Demonstrates up-to-date knowledge required to diagnose, treat and manage patients and shows the ability to use that knowledge in patient management. – Circle

*Well below*                      *Consistent*                      *Exceptional*  
**1**                      **2**                      **3**                      **4**                      **5**                      **Not observed**

### Procedural Skills

Demonstrates ability to perform practical / technical procedures

List skills attained:

.....  
.....

List skills to acquire:

.....  
.....

### Clinical Judgement

Performs and documents a patient assessment including problem focused medical history, physical examination and generates a valid differential and working diagnosis.

*Well below*                      *Consistent*                      *Exceptional*  
**1**                      **2**                      **3**                      **4**                      **5**                      **Not observed**

### Responsibility

Accepts responsibility for own actions and understands the limitations of own knowledge and experience.

*Well below*                      *Consistent*                      *Exceptional*  
**1**                      **2**                      **3**                      **4**                      **5**                      **Not observed**

### Problem Solving Skills

Critically assesses information, identifies major issues, makes timely decisions and acts upon them.

*Well below*                      *Consistent*                      *Exceptional*  
**1**                      **2**                      **3**                      **4**                      **5**                      **Not observed**

### Medical Care

Arranges common, relevant and cost effective investigations and interprets results accurately.

*Well below*                      *Consistent*                      *Exceptional*  
**1**                      **2**                      **3**                      **4**                      **5**                      **Not observed**

## SUPERVISOR TO COMPLETE - REPORTING / RECORD KEEPING AND ORGANISATION SKILLS

### Prescribing

Prescribes medications safely and effectively including fluid, electrolytes and blood products.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

### Record Keeping

Maintains and completes patient medical records and documentation including required reports in a timely manner

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

### Organisation / Time management

Effectively manages time and workload demands, shows ability to prioritise workload.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

## SUPERVISOR TO COMPLETE - COMMUNICATION / TEAMWORK / PERSONAL QUALITIES

### Communication

Communicates clearly, sensitively and effectively with patients, their family/carers.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

### Teamwork and other Health Care professionals

Demonstrates ability to work well and efficiently within health care system and to be an effective team member. Respects the roles and expertise of other health care professionals, making appropriate referrals.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

### Professional Attitudes

Exhibits high standards of moral and ethical behavior, adhering to the values of HNELHD standards of behavior and code of conduct.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

## SUPERVISOR TO COMPLETE - CONTINUING EDUCATION AND QUALITY ASSURANCE

### Education

Demonstrates a resourceful attitude toward continuing education, seeks out opportunities to attend education sessions provided by the department. Uses resources available with the unit.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

### Quality assurance

Participates in quality assurance activities / clinical research being held within the service.

<i>Well below</i>			<i>Consistent</i>		<i>Exceptional</i>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Not observed</b>	

**Medical Officer SELF ASSESSMENT**

What education sessions have you participated during your term?

.....  
.....

What is working well for you?

.....  
.....

Do you have the basic tools / equipment to do your job?

.....  
.....

What improvements would you make in this department?

.....  
.....

**SUPERVISOR - Strengths identified for this Medical Officer.**

.....  
.....  
.....

**SUPERVISOR - Areas of improvement identified and the agreed plan for achieving this.**

.....  
.....  
.....

Date of next meeting between Term Supervisor and Medical Officer:..... / or

End of Term assessment – No further meetings required

**Supervisor Overall rating** *please circle*

Improvement required – See areas of improvement and plan to meet expectations

Satisfactory - Consistent performance / Sound knowledge & skills demonstrated

Excellent - Exceptional Performance / Outstanding level of knowledge & skills demonstrated

Term Supervisor signature: ..... Medical Officer Signature: .....

Name: ..... Name: .....

Date: ..... Date: .....