# Locum Improvement Tool – Practice Feedback Form

To be completed by Locum Doctor

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| **Locum Name:** |  | **Practice:** |  |
| **Date:** |  | | |

**Suggested Areas for Improvement**

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|  | **Locum Comments** |
| **Orientation** |  |
| **Systems**  **e.g., recalls, reminders, management of results and correspondence** |  |
| **Processes**  **e.g., administration, appointment bookings, patient information, messages and communication, handover** |  |

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| **Policy and Procedures**  **e.g., emergencies, home visits, nursing home visits, prescription renewals, OH&S, risk management, after hours, infection control** |  |
| **Equipment and room set-up** |  |
| **Patient safety and quality of care** |  |
| **Patient satisfaction, culturally appropriate care, privacy, and confidentiality** |  |
| **Teaching, learning and supervision** |  |

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| **Medical records and data management** |  |
| **Health Prevention and Promotion** |  |

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| **General comments:** |

Locum Doctor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_