

Locum Feedback Form

Please take the time to fill in this locum feedback and send it to (the ED rota team).

Locum name _____

Shift/Site _____

	Poor	Acceptable	Good/Outstanding	Unable to Comment
Clinical knowledge				
Clinical decision making				
Medical records				
Supervision of Junior Staff				
Communication with patients				
Communication with ED team				
Shop floor management				
Overall performance (including numbers/type of patient seen)				

Comments. Including suggested development needs

Would you work with this doctor again? Yes No

If no, please comment below