



## Locum Service: Feedback & Evaluation

*The intent of this survey is to gather information regarding the locum's experience in attending physician's clinic. Any identified concerns will be addressed confidentially by the appropriate parties. Thank you for your feedback and assistance in improving the Locum Service.*

### **Section 1: Completed by WRHA Primary Care Program**

Attending Physician: \_\_\_\_\_ Locum Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_ Locum Dates: \_\_\_\_\_

### **Section 2: Completed by Locum Physician**

Based on your locum provision at the above clinic, please evaluate your experience:

**NO CONCERNS**

→ *ACTION: No further action required*

**OPERATIONAL CONCERNS**

→ *ACTION: Provide details in Section 3.*

Examples such as orientation to staff, layout and clinic policies, communication with attending physician, beforehand, appointment booking, expectations being placed on locum, etc.

**MEDICAL PRACTICE CONCERNS**

→ *ACTION: Locum will first discuss with the attending physician. If the issue cannot be resolved or is urgent, then the Locum Physician will contact Dr. Shawn Thomas, WRHA Regional Medical Specialty Lead of Primary Care, 204-955-8590 (Do not include details on this form).*

### **Section 3: Details - Completed by Locum Physician**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Section 4: Learnings – Completed by Locum Physician**

Please provide any feedback to strengthen and improve the Locum Service to Family Physician Practices \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Locum Physician Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Attending Physician Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_  
 (sign only if concerns noted)