

**Performance Review process for Senior Medical Staff**

You are required to participate in Alfred Health senior medical staff performance review process.

Alfred Health has an established senior medical staff review process that includes a 360-degree evaluation.  This is a development tool for you to gain insight into how others perceive your work behaviours and provides an opportunity to identify areas of strength as well as any personal and professional development needs. The process involves a self-evaluation and feedback assessments from others who are familiar with your work.  The evaluation is conducted via a secure online survey (through Survey Monkey) and requires the evaluator to rate you on a scale of 1 - 9 for characteristics from clinical skill to humanistic qualities such as integrity and respect. The evaluation form used will be titled with your specialty.

Medical Workforce Unit will organise the evaluation by sending an email request to your chosen list of raters giving a deadline of 2 weeks. We will also send you a request to complete the self-evaluation.

To get this process underway, we need a list of 12-15 people with whom you work who would be prepared to evaluate you. Please note that the first nine fields are mandatory (however we recognise it may be difficult for small faction VMOs to identify more than one accredited trainee. If this is the case, please discuss this with your Unit Head). We have found that the response rate is much better if you have asked these people to take part before the request is sent.

**Medical Practitioner details:**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Preferred email contact |  |

**Nominated raters:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Preferred email contact if not Alfred Health address** |
| **1** | Program Director \* |  |
| **2** | Service Director \* |  |
| **3** | Unit Head \* |  |
| **4** | Deputy Unit Head \* |  |
| **5** | Nurse Manager \* |  |
| **6** | Theatre / Procedural Nurse \* |  |
| **7** | Accredited Trainee \* |  |
| **8** | Accredited Trainee \* |  |
| **9** | Accredited Trainee \* |  |
| **10** |  |  |
| **11** |  |  |
| **12** |  |  |
| **13** |  |  |
| **14** |  |  |
| **15** |  |  |

\* Please specify name