

Section 1: Locum Agency

Applicant name:	Deva Subasic de Azevedo		
Agency:	MedRecruit	Date Completed:	
Agency signature:		Print Name:	
Method of completion	<input type="checkbox"/> Verbal <input type="checkbox"/> Email/DocuSign <input type="checkbox"/> Other (please advise):		

Section 2: Referee

Referee name:	Jair José Golghetto		
Phone/Fax:		AHPRA No:	
Mobile:	+55 11 94452 3647		
Email:	jairegolghetto@hotmail.com		
Present Position:	ICU Coordinator		
Place worked together with applicant/professional capacity:	General Hospital Pedreira		
Time Period (MM/YYYY): <i>Length of time you have known the applicant (if different):</i>	From: Jun 2024	To: Now	
Setting/Facility:	<input type="checkbox"/> Ward <input type="checkbox"/> ED <input type="checkbox"/> Community <input checked="" type="checkbox"/> Other (please Specify): Intensive Care Unit		
Responses are based upon:	Direct observation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Review of accumulated information and reports about the practitioner's performance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Referee

Would you use this applicant again?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With hesitation:		
What are the applicant's strengths?	Punctuality, compassion, reliability and responsibility with patients.		
How well does the applicant handle pressure or a busy workload?	Experienced, excellent team player and works very well under pressure.		
Does the applicant ask for assistance if needed? i.e. knows their own limitations?	Yes. We are always discussing cases and she always requests feedback and help when needed.		
Is the applicant adequately able to adapt to a new workplace?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments: Deva's has worked in a wide range of hospitals.	
Does the applicant work well and safely in team situations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments: Deva is very considerate with patients.	

Are you aware of any complaints, disciplinary action or legal proceedings (pending, ongoing or past) against the applicant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Are there any issues that may impact on the applicant's performance (mental or physical) that we should be aware of?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Would you offer this practitioner another clinical position in your unit, either as a locum or medical/ dental practitioner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments: Deva is proficient and dependable.
Would you entrust the clinical care of a family member to the applicant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments: Deva is very reliable
Briefly describe the nature of the practice and patient population (gender, age, range of presentations) encountered in the professional practice of the applicant:	Surgical & clinical patients requiring mech ventilation and advanced intensive care: myocardial infarction, septic shock, etc	
Please comment on the applicant's participation in CPD activities related to the requested scope of clinical practice? (if applicable)	Quite proactive for her CPD. Currently taking update course on intensive care at HC USP.	
Do you have a personal relationship with the applicant or any conflict of interest in providing this reference?	<input type="checkbox"/> Yes (please explain) <input checked="" type="checkbox"/> No	

Other Observations:

How would you rate their General Performance:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
History-taking, physical examination and presentation of findings:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Clinical judgment and decision-making skills:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Medical record-keeping skills:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Procedural skills:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Punctuality and reliability:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Organisational skills:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Initiative:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Promptness and clarity of discharge summaries and letter	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Communication and rapport with patients and families:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Relationships with other health professionals:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Comments / Other issues of relevance: (Optional)	I noticed that the staff (colleagues, nurses, etc...) love to work with Deva.				

AIRWAY AND BREATHING – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
Manual Ventilation – Adult: Manual ventilation; e.g. bag and mask ventilation, Guedels airway, laryngeal mask airway – adult.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomplicated Intubation – Adult: Uncomplicated intubation of an unconscious adult patient.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult Intubation – Adult: Difficult intubation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Positive Airway Pressure (CPAP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilevel Positive Airway Pressure (BiPAP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercostal Catheter Insertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIRCULATION – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
Central Line Insertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Line Insertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasoactive Drugs: Use of vasoactive drugs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion and Defibrillation: Emergency cardioversion and defibrillation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Pacing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pericardiocentesis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAEDIATRIC CARE – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
Paediatric Manual Ventilation: Includes bag and mask in children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Paediatric Life Support: Experience in advanced paediatric resuscitation and life support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Interosseous Lines: Experience in inserting interosseous lines into acutely unwell children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Arterial Blood Gas (ABG): Experience in paediatric blood gas sampling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEONATAL CARE – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
Neonatal Manual Ventilation: e.g. Bag and mask, neopuff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Resuscitation: Experience in the acute resuscitation of neonates, including intubation and ventilation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Blood Gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Cannulation: Can place peripheral venous cannulas in neonates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Umbilical Lines: Experience in placement of umbilical venous and arterial lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Advanced Skills: included mechanical ventilation and insertion of intercostal catheters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Locum Medical Officer Referee Check – Clinical Skills Assessment

Please use the following grading system to grade the applicant's skill set:

SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
General Resident: General medical abilities as a resident/senior resident medical officer to work <i>under supervision</i> . This must include understanding of own limitation and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture use of fluids and blood products, simple suturing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Charge: Able to prioritise, know own limitations and ask for help where appropriate, can communicate severity appropriately over the phone and can supervise others (particularly the type of skill to be in charge of a department or hospital)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Paediatric Skills: Basic paediatric care – general abilities to assess children having completed a paediatric resident term, or seen children in a mixed emergency department. Includes peripheral venous cannulation in children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for <i>most</i> presentations to the emergency department. This includes (but is not exclusive to) ability to manage multi-system trauma, management of simple fractures and dislocations, complex suturing, use of slit lamps and ENT instruments for removal of foreign bodies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care Unit (ICU) Medicine: Mechanical ventilation. Can generally function at the level of a registrar in intensive care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine Adult: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for patients admitted or proposed to be admitted under an adult physician. Minimum of 6 months experience as a medical registrar or equivalent.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Psychiatry: Sufficient knowledge about mental health to be able to make independent clinical decisions and in particular current knowledge of the Mental Health Act. Can function in a multi-disciplinary team. Minimum of 6 months experience as a psychiatry registrar.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	
Surgery: Experience in a relevant surgical subspecialty, working under supervision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience as a surgical registrar in a relevant surgical subspecialty, with sufficient knowledge to make independent decisions. Recent experience in Trauma call teams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum of 6 months experience as a surgical registrar in a relevant surgical subspecialty:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	

Section 4: Consent and Declaration

REFEREE DECLARATION

Do you consent to us releasing the information provided in this reference to **prospective employers** of the applicant?

☒ Yes

☐ No

Do you consent to us releasing the information provided in this reference to the **applicant** if requested?

☒ Yes

☐ No

Do you consent to Medrecruit contacting you regarding upcoming locum or permanent job opportunities?

☐ Yes

☒ No

I Jair José Golghetto declare the information I have supplied MedRecruit in my reference for Deva Subasic Azevedo is true and correct.

Signed:

Date:

Print name:

Jair J. Golghetto
22/11/2024

Jair J. Golghetto
CRM 86339
Cardiologia
T. Intensiva

Please ensure you have signed the form before returning it to us.

Please note: we may transcribe the results of this reference document to other reference templates to fulfil the needs of the different States throughout Australia. This will be a direct copy and will not change any of the answers you have provided.

If you wish to speak with someone at Medrecruit please call – AU: 1800 633 732 / NZ: 0800 633 732.

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FOR LOCUM AGENCY USE ONLY – Verbal Reference Declaration

I _____ declare the information entered into this form is a faithful representation of the conversation I had with the referee.

Signed:

Date:

Print Name:

Position:

Resume Verified: