

## Job Description / Performance Evaluation

**Title:** Associate Medical Director

Employer Evaluation

Employee Self Evaluation

**Job Summary:**

Primary function is to serve as an alternate to the Hospice Medical Director. May provide oversight of physician services. Responsibilities include promoting and maintaining the standards of practice consistent with quality hospice care. May serve as a member of IDT.

**Job Classification:** Clinical

**Lines of Authority:** Reports to Medical Director

**Job Qualifications:**

**Education:** Graduate of an accredited college/university with a doctorate degree in medicine or doctor of osteopathy and is fully licensed to practice medicine.

**Skills:** Ability to establish and maintain effective working relationships with all segments of the staff, the Board of Directors, and other physicians.

**Physical and Mental Effort:**

Prolonged sitting is required. Requires ability to handle stressful situations in a calm and courteous manner at all times. Requires working under some stressful conditions to meet deadlines and agency needs.

**Essential Functions:**

**Evaluation**

Assures overall continuity of the hospice program's medical services in absence of Medical Director.	
Act as a medical resource to IDT members.	
Provides medical direction and education to the clinical staff, as appropriate.	
Communicates with the medical community /attending physician as needed to assure optimum patient care.	
Supports the Agency's goals and vision.	
Promotes compliance with all fiscal intermediary and/or other third party payors, through education, coaching, and other assistance as necessary.	
Demonstrates commitment, professional growth, and competency.	

**Statement of Understanding:** I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for failure to perform satisfactorily.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Job Description)**

**Evaluation Codes:** 1-Does not meet job requirements/expectations    2-Occasionally meets job requirement  
 3 -Normally meets job requirements    4-Meets and occasionally exceeds job requirements    5-Regularly exceeds job requirements

**Performance Evaluation Addendum**

**90 Day**

**Annual**

**Date On Site Supervisory Visit Completed:** \_\_\_\_\_ (form attached).

**Comments/Goals Met or Not Met for this evaluation period:** \_\_\_\_\_

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**Employer/Employee Mutual Goals set for the next evaluation period:** \_\_\_\_\_

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**Employee Comments/Response:** \_\_\_\_\_

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(For Employer Evaluation / Employee Self Evaluation)

**Evaluator/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_