

Physician Communication Feedback Sheet

Date:

Physician Name:

Department/Unit:

Reviewed by:

Communication Skills

Clarity of information provided:

☐ Excellent ☐ Good ☐ Fair ☐ Needs Improvement

Listening and responsiveness:

☐ Excellent ☐ Good ☐ Fair ☐ Needs Improvement

Empathy and courtesy:

☐ Excellent ☐ Good ☐ Fair ☐ Needs Improvement

Team communication:

☐ Excellent ☐ Good ☐ Fair ☐ Needs Improvement

Strengths

Areas for Improvement

Additional Comments

Reviewer Signature:

Date:

