

# 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:

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Date:

