



Resident Care Evaluation

Communication Skills

Resident Name or Code: _____

PGY: 1 2 3 Month: _____

Rotation: _____

Evaluator Name or Code: _____

	Excellent	Very Good	Good	Poor	Extremely Poor
Opening					
• Introduction	5	4	3	2	1
• Agenda setting	5	4	3	2	1
Building a Relationship					
• Listening skills	5	4	3	2	1
• Empathy and attitude	5	4	3	2	1
• Nonverbal behavior	5	4	3	2	1
Information Gathering					
• Quality of questions, use of open-ended questions	5	4	3	2	1
• Organization, transitions	5	4	3	2	1
• Physical exam skills	5	4	3	2	1
• Respect of personal privacy	5	4	3	2	1
Understanding of patient's perspective					
• Addressed patients concerns	5	4	3	2	1
• Acknowledged patients beliefs and preferences	5	4	3	2	1
Sharing information					
• Used vocabulary patient could understand	5	4	3	2	1
• Verified patient understanding	5	4	3	2	1
Provide closure					
• Summarized interaction	5	4	3	2	1
• Advised about next steps	5	4	3	2	1
• Conclusion and follow-up	5	4	3	2	1
Overall rating	5	4	3	2	1

Additional Comments:

Resident Comments:

Evaluator(s): _____ Date: _____

Evaluator(s): _____ Date: _____

Resident: _____ Date: _____