



## 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
<b>Opening</b>					
• Introduction	5	4	3	2	1
• Agenda setting	5	4	3	2	1
<b>Building a Relationship</b>					
• Listening skills	5	4	3	2	1
• Empathy and attitude	5	4	3	2	1
• Nonverbal behavior	5	4	3	2	1
<b>Information Gathering</b>					
• 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
<b>Understanding of patient's perspective</b>					
• Addressed patients concerns	5	4	3	2	1
• Acknowledged patients beliefs and preferences	5	4	3	2	1
<b>Sharing information</b>					
• Used vocabulary patient could understand	5	4	3	2	1
• Verified patient understanding	5	4	3	2	1
<b>Provide closure</b>					
• 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
<b>Overall rating</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

Additional Comments:

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**Resident Comments:**

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Evaluator(s): \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator(s): \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_