

Communication, Interpersonal Skills, & Professionalism Evaluation Form

Resident: _____ Date: _____

Evaluator (indicate role, e.g., RTT, secretary, desk, RTT – NOT your NAME): _____

<i>Based on your interactions with the resident, circle how characteristic each behavior is of the resident you are evaluating. If you cannot rate a behavior, leave it blank.</i>	Not at all Characteristic	Characteristic	Highly Characteristic
Communication/Interpersonal Skills			
1. Demonstrates willingness to listen to patients and families	1 2 3	4 5 6	7 8 9
2. Demonstrates willingness to listen to nursing and allied staff	1 2 3	4 5 6	7 8 9
3. Explains information to patients and families using clear, understandable terms	1 2 3	4 5 6	7 8 9
4. Keeps patients, families, nursing, and allied desk staff informed of changes in the care plan	1 2 3	4 5 6	7 8 9
5. Is cooperative if approached by nursing and allied staff with questions	1 2 3	4 5 6	7 8 9
Professionalism			
6. Accepts inconvenience when necessary to meet the needs of the patient	1 2 3	4 5 6	7 8 9
7. Respects patient privacy when conducting examinations	1 2 3	4 5 6	7 8 9
8. Uses respectful language when discussing patients with nursing and allied health staff	1 2 3	4 5 6	7 8 9
9. Is courteous and receptive to nursing and allied health staff	1 2 3	4 5 6	7 8 9
10. Responds in timely manner when contacted by allied health staff	1 2 3	4 5 6	7 8 9
11. Completes notes and service records in a timely manner	1 2 3	4 5 6	7 8 9
12. Maintains confidentiality when handling patients' medical materials	1 2 3	4 5 6	7 8 9
13. Attempts to maintain punctuality	1 2 3	4 5 6	7 8 9
14. Maintains composure during stressful situations	1 2 3	4 5 6	7 8 9

Please provide specific comments to substantiate any "not at all characteristic" response

Do you have any additional concerns regarding this resident's communication, interpersonal, or professionalism skills?

Please provide information if this resident has consistently performed in an outstanding manner

