

University of California, San Francisco
Department of Internal Medicine Residency and Fellowship Programs
Nursing Survey of Physician

Dear Colleague: Thank you for completing this survey. We will use these surveys to give feedback to our residents and fellows and assist them in evaluating their patient care and interpersonal skills. Multiple nurses are being asked to complete an evaluation for each physician and a summary will be available to each resident/fellow and his/her supervisor. The surveys are therefore anonymous.

Physician's Name: _____

Date: _____

1. Evaluation setting: (circle applicable site)		Inpatient Service	Clinic	ER	Other					
<i>Please rate the physician on each of the following categories below. Please provide written comments for any questions that is rated a 5 or below.</i>										
2. Does this physician exhibit caring and respectful behavior to others?										
0 cannot evaluate	1 strongly disagree	2	3 disagree	4	5 neutral	6	7 agree	8	9 strongly agree	
3. Does this physician work well with a team?										
0 cannot evaluate	1 strongly disagree	2	3 disagree	4	5 neutral	6	7 agree	8	9 strongly agree	
4. Does this physician facilitate learning of other staff and family members?										
0 cannot evaluate	1 strongly disagree	2	3 disagree	4	5 neutral	6	7 agree	8	9 strongly agree	
5. Does this physician appear sensitive to culture, age, gender, and disability issues?										
0 cannot evaluate	1 strongly disagree	2	3 disagree	4	5 neutral	6	7 agree	8	9 strongly agree	
6. Does this physician advocate for patients within the health care system?										
0 cannot evaluate	1 strongly disagree	2	3 disagree	4	5 neutral	6	7 agree	8	9 strongly agree	
7. Overall rating of the physician		Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate			
General Comments (please print any comments here)										

Please return the completed evaluation to (1) **Education Programs Office, UCSF DOM, 505 Parnassus Avenue, San Francisco, CA 94143-0120** (postal) or to (2) **Education Programs Office, Department of Medicine, Box 0120** (campus). Faxed versions of the evaluation will not be accepted.