



Clinician Performance Evaluation Survey

Thank you for taking the time to participate in this evaluation. Your feedback is essential in helping us assess and support the clinical and interpersonal skills of our healthcare providers. Please answer the following questions based on your experience with the clinician.

Clinician Name: _____

Assigned Unit: _____

1. Performance Objective Ratings

Please rate the provider on the following performance objectives:
(Superior / Exceeds / Meets / Does Not Meet / Not Applicable)

Documentation

- **Accurately documents treatment and plans**

- **Seeks support and coaching for challenges**

Adaptability

- **Applies knowledge, skills, and the right attitude to implement individualized plans**

Communication

- **Communicates effectively with the individual and interdisciplinary team**



Competency

- **Complies with site policies and procedures**
-

Safety/Emergency Protocol

- **Promotes safety and adheres to departmental policies and procedures**
-
-

Initiative

- **Identifies problems and uses available resources to take appropriate action**
-

- **Inquires about site policy when indicated**
-

- **Keeps leader informed of any concerns with timely escalation**
-

Professionalism

- **Is respectful of others' preferences, values, and needs**
-

- **Functions as an advocate for the site, adheres to policies, maintains confidentiality**

Quality of Work

- Provides education and training based on each individual's needs and abilities
-

- Coordinates education and training with all disciplines involved in treatment and services:
-

- Demonstrates application of knowledge and skills necessary for the assignment
-

Reliability and Attendance

- Demonstrates regular and punctual attendance
-

- Follows site policy and procedure for absences
-

Teamwork/Cooperation

- Works effectively with the interdisciplinary team
-



2. Patient-Centered Care Example

Could you share an example where this clinician excelled in delivering patient-centered care?

3. Contribution to Work Environment

How does this clinician contribute to fostering a positive work environment and team dynamics?

4. Feedback from Patients or Families

Have you received any feedback from patients or their families regarding this clinician's social interactions and bedside manner?

- Yes ☐
- No ☐

5. Cultural Sensitivity

In what ways does this clinician demonstrate respect and cultural sensitivity towards patients from diverse backgrounds?

6. Patient Age Population(s) Cared For

What age population(s) did the provider care for during this evaluation period? (Select all that apply)

- Newborns ☐
- Infants ☐
- Toddlers ☐
- Preschoolers ☐
- Older children ☐



- Adolescents ☐
 - Young adults ☐
 - Middle adults ☐
 - Older adults/geriatrics ☐
-

7. Evaluation Sharing

Did you or will you share this evaluation with the provider?

- Yes ☐
 - No ☐
-

8. Suitability to Return

Is the provider suitable to return?

- Yes ☐
 - No ☐
-

9. Overall Satisfaction

Overall, how satisfied are you with this clinician's performance in providing both clinical care and social interactions?

- Very Satisfied ☐
- Satisfied ☐
- Neutral ☐
- Unsatisfied ☐
- Very Unsatisfied ☐



10. Additional Comments

Please provide any additional comments regarding the provider:

Your thoughtful responses will play a vital role in helping us support our clinicians and advance our commitment to delivering exceptional patient-centered care. Thank you for sharing your valuable insights as we work together to build trust between healthcare providers and patients.

Survey submitted by: _____

Best Regards,

HPA Healthcare