

Hospice of Humboldt

**Leadership Survey for Department Directors
Medical Director**

Please return this evaluation form to the Executive Director by: _____

Feedback for Medical Director Dr. John Nelson

Name: _____

Date: _____

	Always	Usually	Some- times	Rarely	Don't know
Customer Service					
He listens respectfully and seeks to understand what I have to say.					
He responds to my questions or problems in a courteous, respectful manner.					
He gives me helpful and timely answers to my questions.					
He gets back to me when he says he will.					
When there is a problem, he is more interested in solutions and preventing future problems than in complaining or casting blame.					
He respects confidences and doesn't gossip or talk behind people's back.					
He is on time to his appointments with me.					
He explains things clearly and concisely in a way I can understand.					
Collaboration					
He likes to share information with me and others.					
He is respectful and appreciative of my contributions to Hospice.					
He seeks ways in which we can work together or in which he can help me with my work.					
He values and listens to my ideas and suggestions.					
Attitude					
He has a positive attitude.					
He embraces the mission of Hospice of Humboldt.					
Comments: <div style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> continued on reverse </div>					

