

Medical Communication Training Feedback Sheet

Participant Name

Date

Session Title

Trainer/Facilitator

Section 1: Content Feedback

What did you find most useful about the training?

What topics do you feel needed more emphasis or clarification?

Section 2: Skills & Communication

Skill Area	Excellent	Good	Fair	Poor
Listening				
Empathy				
Clarity of Explanation				
Professionalism				

Specific suggestions for improvement

Section 3: Overall Experience

General comments or recommendations