Our Best...Always!

**Physician Service Excellence Award**

The Physician Recognition Committee is proud to invite nominations for the Physician Service Excellence Award for physicians that exemplify Service Excellence to patients, families, staff and other providers.

**Eligibility:**
Any active WMHS Physician, including those who have received prior or different awards

**Nominations:**
Any employee, physician, or volunteer may make a nomination and submit it to the Physician Recognition Committee.

**Criteria:**
Clinical Excellence a given, the criteria for this award would include:
- Promotes a culture of service excellence at the WMHS
- Gives warm and sincere attention to all patients, families, colleagues, and employees and treats all individuals with courtesy and respect
- Addresses emotional and physical needs of patients and patients’ families
- Keeps patients and their families informed and updated about tests, procedures, and plans of care, using easily understood language, avoiding medical jargon, and includes them in the decision-making processes to ensure satisfaction
- Follows-up on patient or family complaints and addresses concerns or problems in a timely manner
- Dresses professionally and wears an identification badge
- Discusses confidential material in a private setting

*Using the back of this form, please specify why the physician should be considered a recipient of the Physician Service Excellence Award. Selection will be based on the narrative as well as an evaluation of the candidate’s overall performance of Service Excellence.*
Please send the nomination form to Cindy Bridges, Medical Staff Services

By September 20, 2010

Physician’s Name: _____________________________________________________________

Please describe why this candidate should be honored with the Physician Service Excellence Award. Remember to include criteria as specified on the front of this form.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
May we share this information with the physician? □ Yes □ No

Nominator’s Signature: ___________________________ Date: ___________________________