

Resident Clinic Feedback – Patient Form

Thank-you for taking the time to complete this resident feedback form. Feedback is an essential part of the learning process for residents and feedback is valued from a variety of sources, including the patients they care for.

All responses are anonymous unless you wish to include your name in the space indicated at the end of this form.

Resident Name: _____

1.	Is this the first time you have seen this resident? Comments:	Yes	No	Does not Apply
2.	Would you recommend this resident to family/friends for medical care? Comments:	Yes	No	Does not Apply
3.	Do you feel the resident listened to you today? Comments:	Yes	No	Does not Apply
4.	Do you feel that the resident explained how to take any medications/treatments in a way you understood? Comments:	Yes	No	Does not Apply
5.	Did the resident discuss potential side-effects or complications of the medications/treatments they prescribed? Comments:	Yes	No	Does not Apply

6.	Did the resident discuss a follow up plan with you? (i.e. when to return to clinic, what to do if things get worse) Comments:	Yes	No	Does not Apply
7.	Do you feel the resident conducted him/herself in a professional manner? (i.e. respectful, caring) Comments:	Yes	No	Does not Apply

Please comment on something that you felt the resident did well today and that they should continue to do:

Please recommend some ways the resident could improve patient care visits.

Thank-you for taking the time to give us your feedback on your experience with the resident. Please contact your family doctor if you have concerns or comments about today's visit that you would like to discuss in more detail.

Patient name (optional):