



Resident 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. Communication with patients is a very important part of quality medical care. We would like to know how you feel about the way your resident communicated with you. Your answers are completely confidential, so please be as open and honest as you can. Thank you very much.

Resident Name: _____

Date (dd/mm/yy): _____

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Please use this scale to rate the way the resident communicated with you.

Circle your answer for each item below.

<u>The Resident:</u>	<u>Poor</u>				<u>Excellent</u>
1 Greeted me in a way that made me feel comfortable	1	2	3	4	5
2 Treated me with respect	1	2	3	4	5
3 Showed interest in my ideas about my health	1	2	3	4	5
4 Understood my main health concerns	1	2	3	4	5
5 Paid attention to me (looked at me, listened carefully)	1	2	3	4	5
6 Let me talk without interruptions	1	2	3	4	5
7 Gave me as much information as I wanted	1	2	3	4	5
8 Talked in terms I could understand	1	2	3	4	5
9 Checked to be sure I understood everything	1	2	3	4	5
10 Encouraged me to ask questions	1	2	3	4	5
11 Involved me in decisions as much as I wanted	1	2	3	4	5
12 Discussed next steps, including any follow-up plans	1	2	3	4	5
13 Showed care and concern	1	2	3	4	5
14 Spent the right amount of time with me	1	2	3	4	5

Please identify one way that the resident communicated very well with you:

Please recommend at least one way this resident could improve his/her interactions with patients:

THANK YOU!