

PATIENT-DOCTOR COMMUNICATION CHECK-UP
FEEDBACK FORM – TWH FAMILY HEALTH TEAM

We value your perspective as a patient, and we would like your help. In our clinic, we train residents who will become family physicians. Being a strong communicator is an important skill for being an effective family physician.

Please help us by filling out this form so the resident who is working with you can continue to improve her/his skills. Your identity will be kept confidential.

Resident's name: _____

PLEASE CIRCLE THE NUMBER THAT FITS YOUR RESPONSE

I have seen this resident...

1 = once

2 = several times

3 = more than five times

4 = more than ten times

*Today's visit was **mainly** for...*

1 = a new problem

2 = an ongoing problem

3 = a combination of new and old problems

4 = completion of forms

5 = routine check-up

6 = other _____

*In **today's** visit, the resident...*

Circle Yes or No

1. YES NO Asked the reason(s) for coming today
2. YES NO Understood what I had to say
3. YES NO Responded to my questions and concerns
4. YES NO Checked with me to see if I thought the treatment /plan was acceptable
5. YES NO Showed care and concern about me as a person
6. YES NO Made me feel comfortable and safe to ask questions
7. YES NO Made me feel rushed
8. YES NO Overall, I was satisfied with the way the resident interacted with me today

Focused feedback:

CONTINUE: Identify any part of the interview that the resident did well.

STOP: Describe anything in the interview that was not helpful or you think the resident should change (if anything).

START: What could the resident do next time to improve the interaction?

Would you like to reveal your identity to the resident so that they can reflect on your visit in more detail?
If so, please write your name below:
