

**DEPARTMENT OF _____
EVALUATION**

**Communication, Interpersonal Skills & Professionalism
Resident Outpatient Rotation – Evaluation by a Patient**

Resident: _____ **Date:** _____

As part of an evaluation process by Tulane Medical School, you are being asked to complete this brief questionnaire about the resident you saw today.

Your answers to the following questions will remain confidential. Participation will not affect your current or future care at Tulane University Hospital and Clinic.

How is this physician at:

| | Excellent | Very Good | Good | Fair | Poor | Unable to Evaluate |
|--|-----------|-----------|------|------|------|--------------------|
| Listening carefully to you | | | | | | |
| Using words you can understand when explaining your evaluation and treatment | | | | | | |
| Seeking your input before making decisions | | | | | | |
| Addressing your questions | | | | | | |
| Showing interest in your condition | | | | | | |

Please return the completed form to your patient services representative or your nurse.
Thank you for your time and input.

Signature (optional) _____