

Resident Name _____ Date _____ Location _____ Hospital/Office _____

Evaluator: (check one) Parent/Guardian Patient Nurse Physician Extender Other Health Staff

We ask for your help in improving the care given by our doctors.

Please fill in the circle for the score which describes the resident physician best for each of the characteristics listed:

1. Communicates clearly and explains things routinely	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
2. Asks for questions and answers questions well	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
3. Listens and tries to understand yours or other's views and needs	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
4. Is kind, caring, compassionate and respectful	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
5. Gets along well with others including patients, families, staff members, colleagues	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
6. Is responsible and prompt	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
7. Appears neat, clean and professional. Cleanses hands before and after patient contact.	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
8. Demonstrates integrity and reliability	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know
9. <i>(for healthcare staff to answer)</i> Knows limits and seeks help when needed	<input type="radio"/> Poor	<input type="radio"/> Good	<input type="radio"/> Excellent	<input type="radio"/> Don't Know

Would you want to see/work with this doctor again?

No

Yes

Your comments are appreciated:

When finished, please fold, seal and drop this card in any U.S. Postal Mailbox. Thank you for your time and assistance.

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