

Appendix 1: Patient survey to assess residents' communication skills



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

ANESTHESIA RESIDENT PHYSICIAN COMMUNICATION SURVEY

Resident doctors are physicians who have graduated medical school and are now seeking specialty training, in this case in anesthesiology. We would appreciate your valuable feedback so that these doctors may continue to improve their professional and communication skills. The 10 questions below should take less than 5 minutes of your time. Thank you for helping us continuously improve patient care.

Please answer the questions below regarding your procedure today at Beth Israel Deaconess Medical Center. If a question is not applicable, please select "N/A".

Regarding the physician pictured on the previous page:	Select a response between 1 and 4, or select "N/A" if the question is not applicable:
Did the anesthesia resident introduce him/herself and explain his/her role in your care?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident seem to know the important information about your medical history?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident seem interested in finding out what <u>you</u> thought about the health concerns?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident ask about your expectations for the anesthetic?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident provide ample opportunity for you to express your emotions?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident do anything to help you feel okay about whatever emotions you were feeling?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident give you information that directly addressed the concerns you had expressed?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
After the anesthesia resident gave you information, did s/he make sure to find out how well you understood the information?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A
Did the anesthesia resident encourage you to be as much involved as you would like in the decisions about your anesthetic plan?	Definitely no (1) <input type="radio"/> Definitely yes (4) <input type="checkbox"/> N/A

Prior to your procedure, did the anesthesia resident help set expectations regarding your stay in the recovery room?

Definitely no (1)

Definitely yes (4)

☐ N/A

Comments or Suggestions

THANK YOU FOR YOUR COOPERATION