Patient Satisfaction Questionnaire

Dear Patient,

Many thanks for seeing a medical student, who is close to qualifying as a doctor, as part of their final preparations. The Practice is committed to constantly improving the care we deliver and teaching the next generation of doctors is an important part of that. It would be greatly appreciated if, after seeing the medical student, you could complete this very brief anonymous survey which will help with developing their skills. Please put their name at the top of this sheet. After completing it, please drop it into the box provided at Reception. Many thanks.

Please circ	le your rating of the stu	ident for the follo	owing:		
Q1) <u>Makin</u>	g you feel comfortable,	respected and a	<u>it ease</u>		
Poor	Poor to OK	ОК	OK to Good	Good	
Q2) <u>Fully u</u>	nderstanding the reasc	on for you coming	g to the doctors' by lister	ning to you	
Poor	Poor to OK	OK	OK to Good	Good	
Q3) Show	ring that they cared abo	out you and that	they wanted to help		
Poor	Poor to OK	ОК	OK to Good	Good	
Q4) Explair	ning what they thought	the matter was	and letting you ask quest	tions	
Poor	Poor to OK	ОК	OK to Good	Good	
Q5) <u>Explair</u>	ning treatment and/or t	test options and	including you in deciding	<u>ga plan</u>	
Poor	Poor to OK	ОК	OK to Good	Good	
Q6) <u>Helpin</u>	g you to manage your o	own health			
Poor	Poor to OK	ОК	OK to Good	Good	
Please give	e any extra comments y	ou would like to	in the box. Many thanks	for your time.	