

Patient Survey Summary Form

Date of Assessment:

Trainee's Name:

Trainee's GMC:

Feedback given by:

Number of responses received (minimum 20):

Summary of comments received on attitude towards patients:

Summary of comments received on communication:

Summary of comments received on whether patients felt better able to understand and/or manage their condition and care after the consultation:

Summary of comments received on whether patients felt they were involved as much as they wanted to be in the decisions about their care and treatment:

Trainee's comments

Agreed actions

Trainee's signature..... Date.....

Educational Supervisor signature..... Date.....