

SP/Patient Satisfaction Form: SCCX

Student: _____ Date: _____

Case Name: _____ SP: _____

Greeting					
Introduced self and addressed me appropriately.	Poor 1	2	3	4	Excellent 5
Rapport					
Shown interest in me; demonstrated empathy/compassion; spoke to me in a tone and language that was appropriate; addressed my concerns in an appropriate manner.	Poor 1	2	3	4	Excellent 5
Focus					
Listened carefully; allowed me to tell my story without interruption; explained medical terms in plain language (or didn't use any); answered my questions clearly; note taking was not obtrusive.	Poor 1	2	3	4	Excellent 5
Demeanor					
Appearance was appropriate and professional; took my problems seriously; appeared prepared; showed appropriate confidence in abilities; did not have long pauses; maintained good eye contact.	Poor 1	2	3	4	Excellent 5
Closing					
Recapped what was learned during encounter; summarized what s/he thinks is going on; explained follow-up plans and initial management; encouraged me to ask questions; ended encounter smoothly.	Poor 1	2	3	4	Excellent 5
Overall					
I would be willing to return to this student for care.	Definitely would NOT 1	2	3	4	Definitely would 5

Comments: