University of Minnesota
Hematology/Oncology Fellowship Program
Communication, Interpersonal Skills, and Professionalism
Evaluation Form – Patient

Fellow: ____________________ Date: ____________________

As part of an evaluation process by the University of Minnesota Hematology/Oncology Fellowship Program, you are being asked to complete this brief questionnaire about the physician named above.

Your answers to the following questions will remain confidential. Participation will not affect your current or future care at the University of Minnesota Medical Center.

How is this physician at:

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<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to evaluate</th>
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<tr>
<td>Listening carefully to you</td>
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<tr>
<td>Using words you can understand when explaining your evaluation and treatment</td>
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<td>Seeking your input before making decisions</td>
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<td>Addressing your questions</td>
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<td>Showing interest in you and your condition</td>
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<td>Presenting self in a professional manner (for example in the physician’s attire, addressing you respectfully, etc.)</td>
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Comments:
____________________________________________________________________________________________________
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If you would like someone to contact you to discuss this further, please complete this info (optional):
Name: ____________________ Daytime phone number: ____________________

Please submit this form with your checkout paperwork. It will be forwarded to:
Stacy Maher, Hematology/Oncology Fellowship Program Coordinator
Fax: 612-625-6919 E-mail: mahe0056@umn.edu
Mail: 420 Delaware Street SE, MMC 480, Minneapolis, MN 55455

Thank you for your time and input.

-- CONFIDENTIAL --