



a place of mind



DEPARTMENT OF PEDIATRICS
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Resident Feedback from Patients, Parents and Caregivers

Resident Name: _____ Year of training: _____ Date completed: _____

Residents are doctors who are learning to be pediatricians. As part of their training they receive feedback from families and patients to help assess their abilities. This form is entirely optional and anonymous and will have no impact on your child's care. We thank you for your honest feedback.

Are you a: [] parent [] grandparent [] youth [] other

Please check the box that applies in each of the 7 items. The Resident I saw...

Table with 4 columns: Item number, Needs attention because he/she.., Is developing appropriately, Is clearly achieving because he/she.., and a final column for 'not applicable'. It contains 7 rows of feedback items.

What did the resident do well:

Two horizontal lines for writing feedback.

What can the resident improve?

Three horizontal lines for writing feedback.

*Please place this form in the envelope provided and give it to your nurse when finished. Thank you!