

Clinician Survey: *Quality Indicators for Clinical Consultations*

Consultation date	__ / __ / ____
Type of consultation	<input type="checkbox"/> Face to face <input type="checkbox"/> Telephone
Patient MRN	
Patient age	
Patient sex	
Consultation type	<input type="checkbox"/> Initial appointment <input type="checkbox"/> Review
Consultation outcome	<input type="checkbox"/> Further investigations <input type="checkbox"/> Treatment <input type="checkbox"/> Monitoring <input type="checkbox"/> Discharged

Did the patient know why they were attending the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you have the opportunity to review the case before the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you ask and document the patient's occupation and/or interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the consultation time feel adequate and unhurried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the consultation free of interruptions? (eg: being called by a colleague during the consultation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Was the consultation free of distractions? (eg: nearby building works)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Did you have all the information needed to conduct the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify: <input type="checkbox"/> Lab results <input type="checkbox"/> Imaging results <input type="checkbox"/> Information from GP or specialists <input type="checkbox"/> Other: _____ _____
Were confidentiality and dignity maintained throughout the consultation? (eg: was the telephone consultation able to be conducted in a confidential setting?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Were breaks taken as needed throughout the clinic and, if an afternoon clinic, did you have a lunch break?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the patient's friend or relative invited to participate in the consultation? (eg: via speaker phone or sitting next to the patient throughout the consultation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Overall, were you satisfied with the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any further comments?			

Patient Survey: *Quality Indicators for Clinical Consultations*

Consultation date	__ / __ / ____
Type of consultation	<input type="checkbox"/> Face to face <input type="checkbox"/> Telephone
Patient MRN	
Patient age	
Patient sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Consultation type	<input type="checkbox"/> Initial appointment <input type="checkbox"/> Review
Consultation outcome	<input type="checkbox"/> Further investigations <input type="checkbox"/> Treatment <input type="checkbox"/> Monitoring <input type="checkbox"/> Discharged

Did you know why you were attending the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the clinician know the details of your case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the clinician ask about your occupation and/or interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the consultation time feel adequate and unhurried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the consultation free of interruptions? (eg: you or the clinician received other calls during the consultation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Was the consultation free of distractions? (eg: nearby building works)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Did the clinician have the information needed to conduct the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify: <input type="checkbox"/> Lab results <input type="checkbox"/> Imaging results <input type="checkbox"/> Information from GP or specialists <input type="checkbox"/> Other: _____ _____
Were confidentiality and dignity maintained throughout the consultation? (eg: was the telephone consultation able to be conducted in a confidential setting?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify:
Was your friend or relative invited to participate in the consultation? (eg: via speaker phone or sitting next to you throughout the consultation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you have liked this to have occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall, were you satisfied with the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
After the pandemic ends, would you like the option of having your consultation via the telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any further comments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	