

# Physician Survey

## About our survey

We value feedback from our patients to help us deliver the best possible care. A short survey is sent to our patients to evaluate our physician and office staff performance. To remain unbiased, we partner with an independent patient satisfaction survey company, Press Ganey of South Bend, Indiana. Press Ganey works with more than 10,000 healthcare organizations nationwide, including 50% of all U.S. hospitals.

## Who receives the survey?

The survey is administered by postal mail and email. Patients are randomly selected to receive a postal mail survey within 2 weeks of their office visit. Any patient who does not receive a postal mail survey will receive an electronic survey via email if they have provided us with their email address.

## About your comments

Unedited positive and negative patient comments will be posted. However, we do not post comments that are profane, libelous, and slanderous, or those that risk the privacy of our patients.

## No Rating Available

In order to provide our patients and visitors with the most accurate and useful information, we only post ratings data when a physician has received a minimum of 30 returned surveys.

## Questions included – Sample Survey

CARE PROVIDER	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
During your visit, your care was provided primarily by a doctor, physician assistant (pa), nurse practitioner (np), or midwife. Please answer the following questions with that health care provider in mind.					
1) Friendliness/courtesy of the care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Explanations the care provider gave you about your problem or condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Concern the care provider showed for your questions or worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Care provider's efforts to include you in decisions about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Information the care provider gave you about medications (if any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Instructions the care provider gave you about follow-up care (if any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Degree to which care provider talked with you using words you could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Amount of time the care provider spent with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Your confidence in this care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Likelihood of your recommending this care provider to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Comments (describe good or bad experience):	<input type="text"/>				