

Resident/Faculty Confidence Level – A Survey
St Peter Family Practice Residency Program
Robert Wood Johnson Grant on Diabetes: Patient Self-Management

DATE: _____

NAME: _____

In the DOCTOR/PATIENT encounter: (1=NO confidence, 7=EXTREMELY confident)

- 1) How COMFORTABLE are you discussing a patient's medical and social history?
1 2 3 4 5 6 7
- 2) How EFFECTIVE are you at discussing a patient's medical and social history?
1 2 3 4 5 6 7
- 3) How COMFORTABLE are you exploring a patient's past experience with attempts at changing lifestyle?
Exploring the patient's BARRIERS-
1 2 3 4 5 6 7
Exploring the patient's SUCCESSES-
1 2 3 4 5 6 7
- 4) How EFFECTIVE are you at exploring a patient's past experiences with attempts at changing lifestyle?
Exploring the patient's BARRIERS-
1 2 3 4 5 6 7
Exploring the patient's SUCCESSES-
1 2 3 4 5 6 7
- 5) How COMFORTABLE are you at assessing a patient's willingness to make changes to their lifestyle?
1 2 3 4 5 6 7
- 6) How EFFECTIVE are you at assessing a patient's willingness to make changes in their lifestyle?
1 2 3 4 5 6 7
- 7) How COMFORTABLE are you at developing a patient *initiated* and patient *oriented* action plan to change lifestyle?
1 2 3 4 5 6 7
- 8) How EFFECTIVE are you at developing a patient *initiated* and patient *oriented* action plan to change lifestyle?
1 2 3 4 5 6 7
- 9) How COMFORTABLE are you at reinforcing that self-management goal at a later encounter by phone or at a subsequent patient visit?
1 2 3 4 5 6 7
- 10) How EFFECTIVE are you at reinforcing that self-management goal at a later encounter by phone or at a subsequent patient visit?
1 2 3 4 5 6 7

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