

Communication with the patient

The following questions concern selected communication skills regarding the conversation with the patient. Please answer every question, and only use the 'not relevant' box if the question asked does not apply to you in your daily work.

On a scale from 1-10, 1 = very uncertain 10 = very certain:

1	How certain are you that you are able to successfully identify the issues the patient wishes to address during the conversation?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	
2	How certain are you that you are able to successfully make an agenda/plan for the conversation with the patient?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	
3	How certain are you that you are able to successfully urge the patient to expand on his or her problems/worries?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	
4	How certain are you that you are able to successfully listen attentively without interrupting or changing of focus?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	
5	How certain are you that you are able to successfully encourage the patient to express thoughts and feelings?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

6	How certain are you that you are able to successfully structure the conversation with the patient?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

7	How certain are you that you are able to successfully demonstrate appropriate non-verbal behavior (eye contact, facial expression, placement, posture, and voicing)?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

8	How certain are you that you are able to successfully show empathy (acknowledge the patient's views and feelings)?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

9	How certain are you that you are able to successfully clarify what the patient knows in order to communicate the right amount of information?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

10	How certain are you that you are able to successfully check patient's understanding of the information given?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

11	How certain are you that you are able to successfully make a plan based on shared decisions between you and the patient?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

12	How certain are you that you are able to successfully close the conversation by assuring, that the patient's questions have been answered?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

In your daily work with patients/relatives

The next five questions concern specific conversation situations with patients/relatives. Please answer every question, and only use the 'not relevant' box if the question asked does not apply to you in your daily work.

13	How certain are you that you are able to successfully cope with emotional patients/relatives?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

14	How certain are you that you are able to successfully handle angry patients/relatives?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

15	How certain are you that you are able to successfully communicate difficult news to patients/relatives?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

16	How certain are you that you are able to successfully manage your time with patients/relatives?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

17	How certain are you that you are able to successfully involve the patients/relatives in the decisions being made?										Not relevant <input type="checkbox"/>
	Very uncertain									Very certain	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

Background data

The following questions concern you and your employment. Please answer every question, and only use the 'not relevant' box if the question asked does not apply to you in your daily work.

18	What is your gender?	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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19	What year were you born?	_____
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20	What language is spoken at home?	Danish <input type="checkbox"/>	Danish and other language <input type="checkbox"/>	Other language <input type="checkbox"/>
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21	What is your profession?				
	Physician <input type="checkbox"/>	Nurse <input type="checkbox"/>	Assistant <input type="checkbox"/>	Therapist <input type="checkbox"/>	Other <input type="checkbox"/> Please specify: _____

22	How long have you been employed in your current position?					
	Less than ½ year <input type="checkbox"/>	½ year – less than 1 year <input type="checkbox"/>	1 year – less than 2 years <input type="checkbox"/>	2 years – less than 5 years <input type="checkbox"/>	5 years – less than 10 years <input type="checkbox"/>	More than 10 years <input type="checkbox"/>

23	Have you participated in any communication skills training courses after completing your education?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

If you have anything to add, or wish to elaborate any of your answers, please list below:

Thank you for completing the questionnaire!