

Patient ID:

Gender and age:

Date:

Department of requested consultation:

Time of consultation:

Time of patient assessment:

Reason for consultation → Admission Diagnosis/Treatment Procedure/Surgery

Type of consultation → Phone Face-to-face Electronic system

Identifier number of emergency physician:

Consultation Assessment (For the Consultants)

What is your post-graduate year?

1. 2. 3. 4. 5.

Regarding the consulting physician (1 [very bad] to 5 [very good]):

Q1. Tone of voice and kindness 1 2 3 4 5

Q2. Length and content of the presentation 1 2 3 4 5

Q3. Self-confidence 1 2 3 4 5

Q4. Medical knowledge 1 2 3 4 5

Q5. After the evaluation, was the patient deemed to have an emergency?

1 2 3 4 5
(Strongly disagree) (Disagree) (Neutral) (Agree) (Strongly agree)

Q6. After the evaluation, was the patient as described to you?

1 2 3 4 5
(Strongly disagree) (Disagree) (Neutral) (Agree) (Strongly agree)

Q7. After the evaluation, did the consulting physician know the patient well?

1 2 3 4 5
(Strongly disagree) (Disagree) (Neutral) (Agree) (Strongly agree)

Q8. After the evaluation, was the consultation requested for an appropriate reason?

1 2 3 4 5
(Strongly disagree) (Disagree) (Neutral) (Agree) (Strongly agree)

Q9. How would you define your workload at the time of consultation?

1 2 3 4 5
(Not busy) (Partly busy) (Busy) (Very busy) (Absolutely busy)