If you prefer to complete this survey on your mobile phone, take a photo of the square QR code above. If it does not take you to the survey, please download the free QR Reader app in the Apple App or Google Play store and use the app to scan the QR code square.

My operation or surgical procedure:

I saw this surgical resident: *(Please circle your response.)*
Frequently  Daily
Occasionally  Not at all

Share your feedback with us *(Circle your responses.)*

**This resident:**
- Introduces himself/herself and role
- Uses language and words I can understand
- Allows me to ask questions
- Answers my questions
- Provides updates on my care
- Seeks to care about me and my needs
- Is thoughtful of my privacy and confidentiality
- Is knowledgeable in providing care
- Explains my medical problem and plan of care
- Provides kind and compassionate care
- Is professional, polite and respectful
- Listens to my concerns
- Communicates and works well with others on my care team
- Is someone who could help care for me or my family

**Other comments you would like to add**
If you have additional compliments or concerns about your surgery resident, please add them below. If you would like to be contacted by the Program Director of our Surgery Residency Training Program, include your name and phone number or email address.

If you wish to share comments about issues other than your surgery resident, please contact the Vidant Health Office of Patient and Family Experience at 252-847-7550 or ECU Physicians at 252-744-1111.