## <u>Medical Assistant Confidence Level – A Survey</u> St Peter Family Practice Residency Program Robert Wood Johnson Grant on Patient Self-Management

DATE:	NAME:
When talking with patients who have diabet	tes: (1=NO comfort – 7=EXTREMELY comfortable)
1) How comfortable are you asking que	
1 2 3 4	5 6 7
2) How comfortable are you answering	
	5 6 7
3) How comfortable are you checking a	a patient's feet with a monofilament?
	5 6 7
	bout how physically active a patient is (exercise)?
1 2 3 4	5 6 7
5) How comfortable are you talking ab	oout a patient's food choices (diet)?
1 2 3 4	5 6 7
6) How comfortable are you talking ab	oout meal planning and reading food labels?
1 2 3 4	5 6 7
7) How comfortable are you discussing	g blood sugar readings?
1 2 3 4	5 6 7
8) How comfortable are you discussing	g diabetes medications?
1  2  3  4	5 6 7
9) How comfortable are you helping a	
1  2  3  4	5 6 7
10) How comfortable are you calling a p 1   2   3   4	5  6  7
11) How comfortable are you doing a pl	
1 2 3 4	5 6 7
	diabetes group visit with one of the providers?
1 2 3 4	5 6 7
	patient by phone to review and either change or add to
their self-management goal?	
1 2 3 4	5 6 7
14) How comfortable are you listening a stressed?	and understanding what makes a patient with diabetes
1 2 3 4	5 6 7
	a provider about their diabetic patients?
1  2  3  4	5  6  7
	with a provider who wants their patient's to have
planned visits?	
1 2 3 4	5 6 7
17) How comfortable are you working w group visit?	with a provider who wants their patient's to come to a
$\frac{1}{2}  \frac{2}{3}  \frac{3}{4}$	5 6 7
1 2 5 4	5 0 7

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