# **MEETiNG SATISFACTION SURVEY**

**When & How to use this form**

Purpose

This optional survey can be used to assess the satisfaction of project members and /or stakeholders participating in re-occurring meetings, such as Steering Committees, Working Groups, etc.

Participants

Project team members including physicians, Health Authority partners, allied health partners , and patient partners.

Method

This survey can be administered at any time – we suggest bi-annually (twice) or annually (once) to minimize survey fatigue. It can be administered through paper form if the event is in person, via electronic platforms during the event such as Slido or via Zoom, or after the event through Survey Monkey, Checkbox or other online survey tools.

Results

This survey offers an easy to use tool to capture participants’ perspectives – the results can assist the project support staff in making improvements to the meeting structure if participants highlight a need. The results of this survey can be included in the project’s final project report.

# **MEETING SATISFACTION SURVEY**

**1. Please identify the group that represents you best:**

[ ]  Physician [ ]  Other provider [ ]  Health Authority Partner [ ]  Patient partner

[ ]  Other :   Enter name

**Please indicate the number that best reflects your assessment of each of the following:**

 **1 = Very Little / 5 = Very Much**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Participation at the meeting / committee has facilitated an improvement (direct or indirect) in the topic area of focus  | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 2. Participation at the meeting / committee was informative and contributes to an enhanced understanding of the current issues and potential opportunities for change | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 3. Participation at the meeting / committee gave me the opportunity to improve communication with my colleagues (physicians, allied health and HA staff).  | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 4. Continued participation at the meeting / committee will contribute to change and improve relationships and collaboration between specialist and family physicians.  | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 5. I will continue to participate in the meeting / committee and would recommend involvement in future SharedCare funded projects to my colleagues.  | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 6. Support from the Shared Care Committee enables me to address local gaps in care. | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 7. Support from the Shared Care Committee enables me to increase collaborative practice between Family Physicians and Specialists and/or improve care coordination among physicians in my community. | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 8. Overall, support from the Shared Care Committee is making a positive impact in my community. | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |

**General comments, and feedback for improving the meeting / committee:**

Enter comments