

# EVENT FEEDBACK SURVEY — PROVIDERS & HEALTH AUTHORITY STAFF

## WHEN & HOW TO USE THIS TOOL

### What type of events?

One-time or a limited number of events such as regional meetings that include *both* providers and health authority representatives. There is a different form for events such as education sessions or leadership training that is tailored only for providers.

### When to use this tool?

This tool is best used immediately or soon after the event has taken place.

# EVENT FEEDBACK SURVEY —

## (PROVIDERS & HEALTH AUTHORITY STAFF FOCUS)

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

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

- Physician / MSA member     
  Physician / MSA leader or executive     
  Health Authority Partner  
 Other provider: \_\_\_\_\_     
  Other: \_\_\_\_\_

**2) Please indicate what objectives of the *Facility Engagement Initiative's Memorandum of Understanding* were met, if any (check all that apply):**

- To improve communication and relationships among the medical staff so that their views are more effectively represented.  
 To prioritize issues that significantly affect physicians and patient care.  
 To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.  
 To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.

**3) Please rate the extent to which you agree with the following:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Overall I am satisfied with this event/workshop					
b) This event was a good use of my time					
c) I would attend a similar event in the future					
d) This event allowed me to engage with my colleagues					
e) This event met its overall objective(s)					
f) I am satisfied with the venue, location, food, and overall organization of this event					

**4) Please identify the type of engagement that was achieved during this event (pick only one!):**

- I was informed by being provided with information on an activity, project or policy  
 I was consulted to obtain feedback on key decisions or activities, and informed (or will be informed) of how my feedback will be used  
 I collaborated with decision makers to provide my advice, leadership and recommendations on a project, activity or policy  
 I was empowered to be a joint partner in decision-making on a project, activity or policy.

## EVENT FEEDBACK SURVEY — (PROVIDERS & HEALTH AUTHORITY STAFF FOCUS) CONTINUED

5) Did this event include the right mix of participants and stakeholders? Are there additional participants and stakeholders you would have like to see included in a future similar event?

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6) How could this event be improved?

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7) Other comments:

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*Thank you for completing this feedback survey. Please return this form at the end of the event.*