

EVENT FEEDBACK SURVEY PROVIDERS

WHEN & HOW TO USE THIS TOOL

What type of events?

One-time or a limited number of events including education sessions, leadership training, wellness events and networking events where participants are primarily physicians and other providers. These events have a different focus than those where the Health Authority is present and the focus is on processes and activities in the facility. There is a different form for events such as regional meetings that include both providers and health authority representatives.

When to use this tool?

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

EVENT FEEDBACK SURVEY

PROVIDERS

EVENT NAME: _____

EVENT DATE: _____

1) Please identify the group that represents you best:

- Physician / MSA member
 Physician / MSA leader or executive
 Provider: _____
 Other: _____

2) 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					

3) Should this event be held again?

- Yes
 No

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

EVENT FEEDBACK SURVEY PROVIDERS CONTINUED

5) How could this event be improved?

6) Other comments:

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