



## Locum Services Satisfaction Survey

Attending Physician: \_\_\_\_\_

<b>Locum Physician:</b> _____ <b>Dates:</b> _____ _____	<b>Satisfied</b>	<b>Needs Improvement</b>	<b>Suggestions for improvement:</b>
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**LOCUM SERVICES**

1. <b>Were you satisfied with locum service</b> (e.g. hours of work, on time, volume of clients, clinical skills, medical management, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. <b>Was your clinic staff satisfied with the locum physician</b> (e.g. communication, organization, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. <b>How satisfied were you with patient records and documentation provided by the locum</b> (e.g. thoroughness, follow-up of labs, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	

**LOCUM PROCESSES**

4. <b>Were you satisfied with the timeliness of the response to your request</b> (e.g. availability, date of confirmation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. <b>Were you satisfied with the clarity of the billing process?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <b>Are you likely to utilize the WRHA Locum Services in the future?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you.**

Please send back to broberge@wrha.mb.ca or fax 204-940-8575.