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| **Figure 6.11** | **New Physician Survey** |
| **How Are We Doing?**  Please take a few minutes to fill out this survey on the timeliness and ouality of the service you received today. [Hospital name] welcomes your feedback, and your answers will be kept confidential. Thank you for your participation. | |
| **General Information** | |
| In general, how would you rate your total experience as a new practitioner?  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  Were you well-informed throughout the process?  o o o  Yes Adeouately No | |
| **The Recruitment Process** | |
| Did you schedule an appointment by phone, or did you drop in?  o o  Scheduled by phone Dropped in  If you scheduled an appointment, were you satisfied with the service you received?  o o  Yes No  Was the person who assisted you courteous and helpful? o o o o o o o Very courteous Rude  If you dropped in, were you able to meet with the people you needed to see?  o o  Yes No  When you dropped in, were hospital staff well-organized and responsive?  o o  Yes No | |

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| **Figure 6.11** | **New Physician Survey (cont.)** |
| **The Credentials Process** | |
| How would you rate the courtesy of the medical staff services department?  o o o o o o o  Very courteous Rude  Were you provided with assistance throughout the credentialing process?  o o  Yes No  Did credentials staff answer your ouestions promptly and courteously?  o o  Yes No | |
| **The Onboarding Process** | |
| How would you rate the courtesy of the staff who assisted you?  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  Do you feel you have met the physicians with whom you will be working most often?  o o  Yes No  How would you characterize the onboarding process?  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  How would you rate your orientation to the hospital departments in which you will be working most often? o o o o o o Outstanding Good Adeouate Needs improvement Poor N/A  Did you feel that your time was well spent?  o o  Yes No | |

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| **Figure 6.11** | **New Physician Survey (cont.)** |
| **Hospital Systems and Support Staff** | |
| ***Please rate your experience with the following hospital systems and support staff to date:***  **Information Technology (EHR and related systems)**  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  **Medical Records/Health Information Management**  o o o o o o  Attentive Concerned Friendly Distracted Rushed Inconsiderate  **Laboratory**  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  **Human Resources**  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  **Insurance Contracts**  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A  **Radiology**  o o o o o o  Outstanding Good Adeouate Needs improvement Poor N/A | |

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| **Figure 6.11** | **New Physician Survey (cont.)** |
| **Comments/Feedback** | |
| Please list any areas in which our service could be improved.  Please share any additional comments. | |
| **Personal Information** | |
| Providing the following information is optional.  First Name: Last Name: Would you like someone to contact you regarding your responses on this survey?  o o  Yes No  Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated. | |