



CONSULTANT SPECIALIST TEAM CARE

Consultant Specialist Team Care Cohort 2 Evaluation

Final Evaluation Report



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ACKNOWLEDGEMENTS

Land Acknowledgement

Doctors of BC acknowledges that the organization is located on the traditional, ancestral, and unceded territories of the Coast Salish peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations, whose strong relationship with their territories continues today. Our employees, who are located throughout BC, work and live on many different Indigenous territories throughout the province. Acknowledging that we are on the traditional territories of First Nations communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.

Evaluation Contributors

Sincere appreciation is extended to the CSTC Working Group members, Dr. Adele Harison, Dr. Jane Lea, and Kasia Chrzanowska provided guidance throughout the evaluation process and reviewed this report. Their valuable feedback and comments strengthened the quality of this evaluation as a whole. Special thanks to Doctors of BC staff who closely supported the data collection and analysis process, including Garth Vatkin, Eric Young, Alison Foulds, and Kirsten Smillie.



EXECUTIVE SUMMARY

Introduction

With funding from the Specialist Services Committee (SSC), the Consultant Specialist Team Care (CSTC) initiative supports community-based specialists to implement team care models aimed to improve patient experience, provider experience, and consult capacity. The initiative takes a collaborative approach, supporting individual specialist teams as they transition their models of care in tandem over a defined period, with practical and financial supports provided throughout. Between April 2024 and March 2025, CSTC Cohort 2 engaged 22 specialist-led teams across 12 specialties, including both new and returning participants.

Catalyst Consulting was commissioned to complete an evaluation of CSTC Cohort 2. This report summarizes final evaluation results illustrating the impacts of implementing team care on sites' consult capacities, as well as potential outcomes for participating specialists, patients, and health care resource utilization. The sustainability of their new models was also assessed.

Key Evaluation Findings

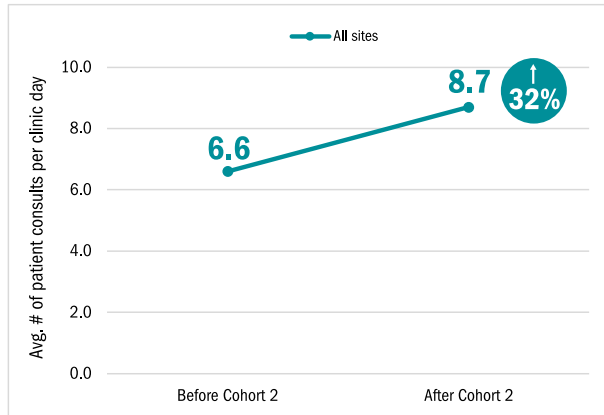
1. Goal Progress: Was the initiative successful in reaching its aim and goals?

Informed by the IHI Quadruple Aim, the CSTC Working Group set the overall aim and associated goals for Cohort 2 to accomplish by its completion. Cohort 2 successfully achieved its overall aim, as well as goals related to improving the patient experience and increasing sites' consult capacities. Although the target for enhancing the provider experience was narrowly missed, there were strong positive results observed for this outcome.

Goal Progress	Target	Final Result	Status
Aim: By February 28, 2025, 90% of program sites will implement a team model of care to improve the provider and patient experience.	90%	100%	Target met
Goal 1: Specialist consult capacity will increase by 30%.	30%	32%	Target met
Goal 2: 90% of care providers will report improved job satisfaction due to the implementation of team care at their site.	90%	85%	Strong progress
Goal 3: 90% of patients will indicate that they had an improved experience as a result of team care.	90%	97%	Target met

2. Consult Capacity: How did sites' consult capacities change after implementing team care models?

When comparing the average number of patient consults completed by all sites per day before and after the initiative, the results show a 32% increase in volume, from an average of 6.6 to 8.7 patient consults seen per clinic day.



“Having the nurse on board has dramatically increased my overall capacity for visits... It’s not just the new consults, but also my follow-up patients who are actually getting seen more.”

- Specialist

3. Quadruple Aim: What are the impacts of implementing team care on Quadruple Aim Outcomes?

Provider Experience

- Findings from specialist surveys and interviews show that provider experience improved for nearly all dimensions assessed after the sites established team care models. Greatest improvements were observed in specialists’ job satisfaction, having time for documentation, and experiencing less burnout.

Patient Experience

- Patients provided strong positive feedback about receiving care in team care models, with 95% or more of survey respondents indicating that they:
 - Were treated with courtesy and respect
 - Had confidence in the clinical teams
 - Were satisfied with how the clinical teams listened
 - Felt confident to manage their own health
 - Felt the clinic teams worked well together

“Hiring staff has been very valuable. It’s been a meaningful step feeling like ...the paperwork and administrative burden has become a lot less because they are kind of handling that. You know, processing incoming referrals and handling a lot of the communication that I was always behind in before.”

- Specialist

“It was very, very positive. The registered nurse was really knowledgeable, very friendly. So was the staff. They explained things, took me in, and spent a lot of time. It resulted in a more solid view of the problems.”

- Patient

- When compared to care received in traditional specialist care models (i.e. solo practices), patients noted improvements in wait times to be seen in-office, the total amount of care time received, and the timeliness and comprehensiveness of follow-up appointments.

Reduced Per Capita Cost

- Specialists speculated that their team care models likely contributed to reduced use of healthcare resources outside their clinics, thereby helping to lower overall healthcare costs. Most patients reported that their healthcare needs were effectively met within the specialist clinics and did not require urgent or acute care for the same health concerns. Additional longitudinal quantitative analyses would be required to assess this outcome further.

4. Sustainability: How Sustainable are Sites' Team Care Models?

- Most new specialists viewed team care as viable, but expressed concerns about financial and operational sustainability. In contrast, returning specialists said that their models are highly sustainable, with some emphasizing that team care is essential to prevent burnout and maintain care quality.

CONCLUSION

Overall, the evaluation affirms CSTC as an effective approach to supporting community-based specialists in implementing team care models that lead to positive outcomes in consult capacity, as well as patient and provider experience. The results support continued investment in specialist team care through future CSTC cohorts.

INTRODUCTION

Funded by the Specialist Services Committee (SSC), the Consultant Specialist Team Care (CSTC) initiative aims to support specialists through a collaborative approach to implement team care models in their private community offices to improve the patient and provider experience. The initiative uses the [IHI Breakthrough Series](#) to inform its activities and supports. Teams are also provided with financial support to offset the cost of hiring team members. A [Toolkit](#) was also developed to support participating specialists and their teams to successfully transition to team care models.

CSTC uses a cohort design where specialists come together to support and learn from each other throughout the program. From April 2024 to March 2025, 22 specialist-led teams, representing 12 different specialties across British Columbia, were supported to either transition to a team care model or sustain their team care model. Of the sites participating in Cohort Two, thirteen [59%] were involved in CSTC for the first time ('new sites'), while the remaining nine [41%] also participated in Cohort 1 ('returning sites').¹

CSTC Cohort 2 strived to achieve the following aim and goals by February 2025.

AIM	GOALS
By February 28, 2025, 90% of program sites will implement a team model of care to improve the provider and patient experience.	<ol style="list-style-type: none"> 1. Specialist consult capacity will increase by 30%. 2. 90% of care providers will report improved job satisfaction due to the implementation of team care at their site. 3. 90% of patients will indicate that they had an improved experience as a result of team care.

EVALUATION OVERVIEW & METHODS

The CSTC commissioned Catalyst Consulting to complete a process and outcome evaluation of CSTC Cohort 2. Midterm evaluation results were prepared in January 2025 summarizing site feedback on: the value of participating in CSTC; the usefulness of supports provided; areas for improvement; and design recommendations for future cohorts. This final evaluation report summarizes the impacts of implementing team care models on sites' clinical capacities, as well as potential outcomes for participating specialists, patients, and health care resource utilization. The initiative's evaluation questions and Institute for Healthcare Improvement (IHI) Quadruple Aim were used as frameworks for assessment.

Data was collected and analyzed from the following sources. Validated tools were used to assess the constructs of interest, where possible.

- Monthly Journals containing clinical consult data
- Provider Experience Surveys with specialists, collected at the beginning (N=23); middle (N=20); and end (N=20) of the initiative [see Appendix A]
- Specialist site-lead interviews (N=16), including representation from new (N=11) and returning specialists (N=5)
- Patient Surveys (N=500) [see Appendix B]
- Patient experience interviews with a random sample from participating clinics (N=7)

¹ Throughout this report we use the term 'new sites' to refer to teams participating in CSTC for the first time in Cohort 2, while 'returning sites' refers to those that were involved in both Cohort 1 and 2.

KEY FINDINGS

1. Goal Progress

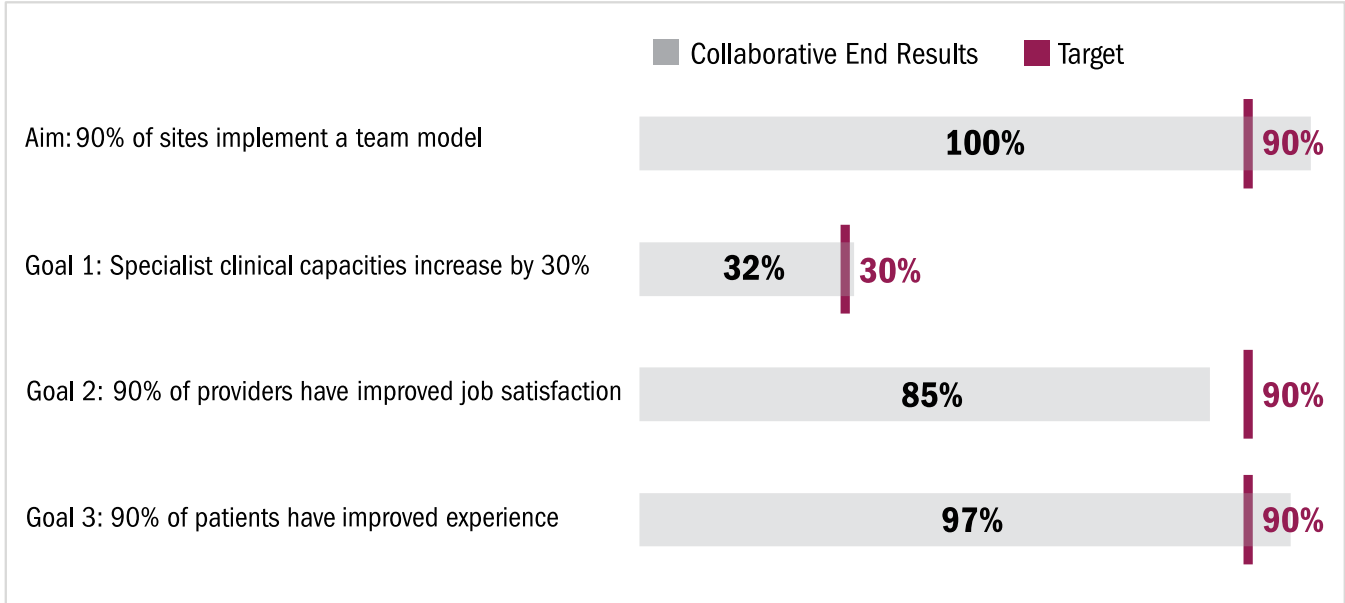
Was the initiative successful in reaching its aim and goals?

As of March 2025, Cohort 2 successfully achieved its overall aim, as well as goals related to improving the patient experience and increasing the sites' clinical capacities. Although the target for enhancing the provider experience was narrowly missed, there were strong positive results observed for this outcome as well.

Final evaluation results show that:

- 100% of the participating sites hired staff and have transitioned to team care models.
- Across all sites, transitioning to team care models increased their clinical capacities by an average of 32% [surpassing the 30% target].
- 85% of participating specialists said they were satisfied with their jobs in their new teams [just below the 90% target].
- 97% of patients surveyed reported being satisfied with the care they received in sites' team care models [exceeding the 90% target].

Figure 1. Progress towards the Cohort 2 aim and goals, in comparison to performance targets



The remainder of this report provides further details on progress towards the above goals.

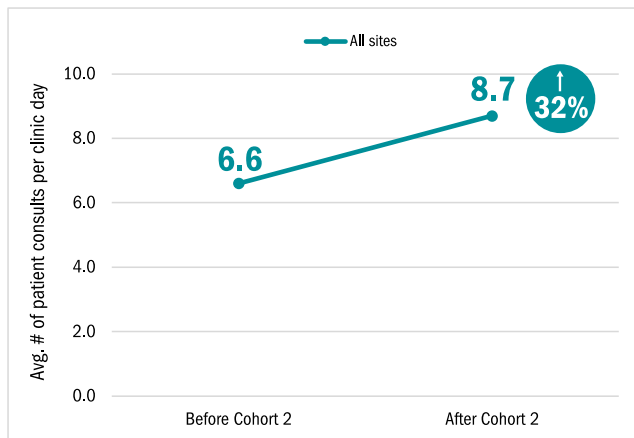
2. Consult Capacity

How did sites' consult capacities change after implementing team care models?

Across all participating sites, consult capacity increased by an average of 32% by the end of the initiative, which slightly surpassed the CSTC target of a 30% increase.

When comparing the average number of patient consults completed by all sites per day before and after the initiative, the results show a 32% increase in volume, from an average of 6.6 to 8.7 patient consults seen per clinic day [Figure 2].²

Figure 2. Change in consult capacity for CSTC sites as a whole before and after Cohort 2



“Having the nurse on board has dramatically increased my overall capacity for visits... It’s not just the new consults, but also my follow-up patients who are actually getting seen more.”

- Specialist

“With the support of my medical office assistant, the administrative burden has become a lot less... and now I’m able to do more patient consults and see patients more efficiently.”

- Specialist

3. IHI Quadruple Aim

What are the impacts of implementing team care on provider experience?

Findings from the specialist surveys and interviews show that provider experience improved for nearly all dimensions assessed after the sites established team care models. Greatest improvements were observed in specialists’ job satisfaction, having time for documentation, and experiencing less burnout.

Participating specialists were asked to rate various aspects of their provider experience working within their new teams before and after Cohort 2 [Figure 3].³ Improvements were observed in all dimensions of provider experience examined, with the exception of ratings related to the amount of time specialists spent on the electronic medical records [EMR] systems at home.⁴

2 Consult capacity is defined as the average number of patient consults completed per clinic day. Consult capacities are based on three-month averages (before and at the end of CSTC). The initiative-wide figures were calculated by combining all sites into one.

3 Physician Experience Survey questions were informed by the validated “Mini Z” tool [Institute for Professional Worklife, 2020], as well as questions from the [CMA National Physician Health Survey](#) [CMA, 2021].

4 ‘Positive responses’ were defined as the positive response options in the Likert questions asked, as defined by the scoring methodology for the Mini Z tool [Institute for Professional Worklife, 2020].

Figure 3. Percent of positive responses for aspects of provider experience examined, before and after CSTC Cohort 2



Findings from the specialist interviews also shed light on possible changes in provider experience after sites shifted to team care models. Returning specialists explained that improvements in provider experience captured in the [Cohort 1 Final Evaluation Report](#) have been sustained.

Interestingly, all new sites reported that it was too early to fully evaluate changes in provider experience resulting from their shift to team care models. They explained the duration of Cohort 2 was not long enough to fully integrate team members and observe the resulting impacts of this change. Although more time is needed for outcomes to be realized, new specialists qualitatively described the following improvements in their provider experience after implementing team care models.

- **Job satisfaction** - More enjoyment at work and a sense of fulfillment after transitioning models.
- **Job-related stress** - While some said the process of transitioning to team care initially added stress given the upfront workload involved, others said they feel happier and less stressed at work now.
- **Administrative burden** - Hiring staff reduced the burden of administrative tasks on specialists, given that activities such as completion of paperwork, scheduling, and documentation were assigned to other team members.
- **Team efficiency** - Delegating administrative and clinical tasks to staff enhanced practice efficiencies, as all team members were able to focus on their strengths. Specialists also observed optimization of their workflows and fewer practice redundancies.

- **Workloads** - While some specialists said their workloads reduced with the delegation of tasks to team members, others indicated that their workloads increased given the time required to hire and train staff.
- **Work atmosphere** - Improved work atmosphere given the opportunity to work in positive team environments and collaborate with staff that specialists enjoy working with.

“Hiring staff has been very valuable. It’s been a meaningful step feeling like my practice and the paperwork and administrative burden has become a lot less because they are kind of handling that. You know, processing incoming referrals and handling a lot of the communication that I was always behind in before.”

- Specialist

“Having the financial support to bring on a nurse was invaluable... She has taken on a lot more autonomy with seeing and managing the patients in clinic.”

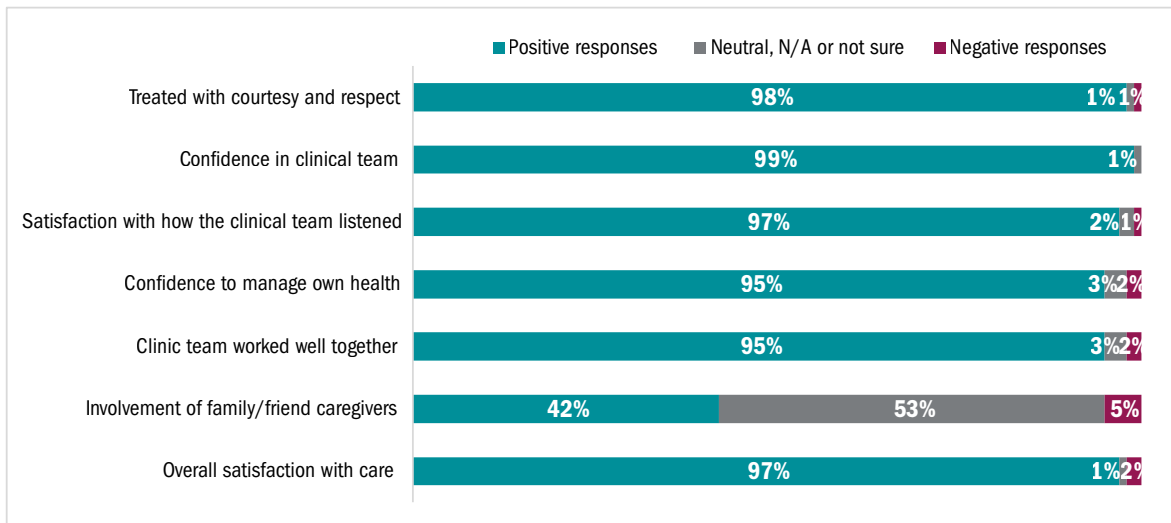
- Specialist

What are the impacts of implementing team care on the patient experience?

Patients provided strong positive feedback about receiving care in team care models, emphasizing their confidence in the clinic teams, being treated with courtesy and respect, and their involvement in decision-making about their health. When compared to care received in traditional specialist care models, patients highlighted improvements in wait times, the amount of care time received, and the timeliness of follow-up appointments.

Patient survey findings show that the majority of respondents had positive experiences receiving care within the sites’ team care models (Figure 4). On average across all sites, 95% or more of the patients surveyed provided positive ratings of: being treated with courtesy and respect; having confidence in the clinical teams; satisfaction with how clinical teams listened; feeling confident to manage their own health; the clinic teams working well together; and satisfaction with their care overall.^{5,6} While only 42% provided positive ratings of how their family and/or friends were involved in their care, 53% indicated that this question was not applicable to them.

Figure 4. Patient experience ratings after visits within sites’ team care models



⁵ ‘Positive ratings’ were defined as the top 2 positive response options in the Likert scales; negative ratings were the bottom 2.
⁶ A total of 16 sites collected surveys from patients, 11 of which were ‘new’ sites and 5 were ‘returning’ sites.

Findings from the patient interviews reiterated that the team care models were well-received (Table 1). Patients reported positive experiences with the model, highlighting that the teams worked well together, the staff were knowledgeable and skilled, and they felt meaningfully included in their care. They did not identify any disadvantages to receiving care in the team care model.

Table 1. Key patient experience themes from patient interviews

Patient experience themes	Description
High satisfaction with care	<ul style="list-style-type: none"> • Positive experiences with the team care model overall • Non-urgent health care needs were met • Support for expansion of the team care model for specialists
Teams worked well together	<ul style="list-style-type: none"> • AHPs/nurses and specialists worked as a team • Information was relayed accurately between them
Team knowledge & skills	<ul style="list-style-type: none"> • Patients found the AHPs/nurses approachable, knowledgeable, and capable of explaining medical terms in an understandable way
Patients felt listened to	<ul style="list-style-type: none"> • Patients said that the AHPs/nurses listened to their concerns and ideas
Involvement in health care decisions	<ul style="list-style-type: none"> • Patients felt meaningfully engaged in the process of discussing and making decisions about their care
Confidence in clinic team	<ul style="list-style-type: none"> • Patients felt confident in the care received through the team care model • AHPs/nurses were perceived as highly competent

“The nurse really knew what she was talking about with my health condition. I was really impressed by that. They weren’t just generalists.”

- Patient

“It was very, very positive. The registered nurse was really knowledgeable, very friendly. So was the staff. They explained things, took me in, and spent a lot of time. It resulted in a more solid view of the problems.”

- Patient

“She [the nurse] listened well to me, and she passed the message on to the doctor too. Because when the doctor came in, she knew without asking double questions.”

- Patient

“It was really helpful to hear the two of them [nurse and doctor] play off each other and come to an agreement about my care. And I could chip in and say, ‘Well, yeah, I agree with that too.’”

- Patient

Patient interviewees also compared their experiences receiving specialist care in traditional (i.e., solo) versus team care models (Table 2). When compared to traditional specialist care, they explained that team care resulted in reduced in-office wait times, longer and more thorough consultations, and more timely follow-ups.

Table 2. Patient report of team care benefits, when compared to traditional specialist care

Themes	Theme descriptions
Less time waiting to be seen in-office	<ul style="list-style-type: none"> • Patients experienced shorter wait times to be seen in-office due to AHPs/nurses conducting initial assessments
More total patient time	<ul style="list-style-type: none"> • Patients had more total time at the specialists’ offices, allowing them to feel less rushed and have more time to ask questions • Initial assessments completed by AHPs/nurses were viewed as thorough (e.g., taking time to conduct in-depth intakes, take medical history, review concerns, discuss lab results)
Prompt and thorough follow-ups	<ul style="list-style-type: none"> • Follow-ups were perceived as more timely in team care models • Follow-ups from AHPs/nurses were more thorough, where they ensured their care plans were being implemented and any concerns were addressed • Patients did not have to explain their health care situations over again when speaking with the AHPs/nurses

“I got into my appointment on time, rather than having to wait for the doctor to show up, which is very frustrating at times.”

- Patient

.....

“The nurse spent a lot of time with me. I was trying to rush through my list of 100 items in one minute or less. And then that sort of dissipated, because she wanted to know more than I was putting out there, which was a nice, unique experience.”

- Patient

.....

“She [the nurse] followed up to check on how things were going shortly after my appointment, which was so detailed. I wasn’t expecting that.”

- Patient

What are the impacts of implementing team care on reducing per capita costs?

Specialists speculated that their team care models likely led to decreased use of health care resources outside of their clinics, thereby reducing health care costs. Most patients reported that their healthcare needs were effectively met within the specialist clinics and that they did not require urgent or acute care for the same health concerns. Due to the short duration of the program, additional quantitative analyses would be required to assess this outcome further.

While this evaluation did not quantitatively measure changes in health care costs given the shift to team care models, qualitative findings offer some insight into progress with this outcome. Specialists hypothesized that their new models have the potential to decrease the use of health care resources outside of their clinics, thereby decreasing costs. They explained that their team care models prevent the use of health care services from other sources by providing patients with: reduced wait times; opportunities to have their questions answered in a timely manner; and educational information to prevent future health issues from arising.

Patient interviewees were asked whether they needed to visit the hospital and/or urgent care recently for the same health issue they were seeing their specialists for. Some patients reported visits to the hospital, however most were for scheduled tests or follow-ups. One patient reported experiencing worsening symptoms that required urgent attention. This patient felt they could have been treated more quickly and effectively at their specialist's clinic if urgent visits were offered.

4. Sustainability

How sustainable are sites' team care models?

Most new specialists viewed team care as viable, but expressed concerns about financial and operational sustainability. In contrast, returning specialists said that their models are highly sustainable, with some emphasizing that team care is essential to prevent burnout and maintain care quality.

At the time of the final evaluation, specialists were asked to speak to the sustainability of their team care models. As outlined in Table 3, the evaluation explored different dimensions of team care sustainability: continuation of implementation; financial; perceived value and benefits; and human resources. Overall, the majority of new specialists viewed their team care models as conceptually sustainable, however they had significant concerns with financial and operational sustainability. Returning specialists reported that their team care models are sustainable, with some indicating that the model is actually 'necessary' in order to deliver care without burning out or compromising the quality of patient care.

Table 3. Dimensions of team care sustainability explored with new and returning specialist interviewees

Dimensions of sustainability	New sites	Returning sites
Continued implementation	<ul style="list-style-type: none"> While some intended to carry on with team care, others were unsure due to financial sustainability concerns 	<ul style="list-style-type: none"> All sites continue to deliver team care, and intend to continue with model
Financial sustainability	<ul style="list-style-type: none"> Funding from CSTC was essential to support the specialists in taking the risk to transition to team care Without continued funding, many questioned whether they could continue to afford their staff or if they need to cut back staff hours Viability of current billing model identified as a key issue 	<ul style="list-style-type: none"> The majority of models are financially sustainable, either profitable or net zero Importance of using fee codes effectively to support financial sustainability Hiring nurses was viewed as unsustainable for some, while AHPs were more feasible
Perceived value and benefits	<ul style="list-style-type: none"> Improvements in provider experience (job satisfaction, reduced administrative burden), team efficiencies, clinical capacity, and quality of patient care 	<ul style="list-style-type: none"> Improvements in provider experience (reduced burnout, isolation), team efficiency, patient volume, and quality of patient care Model viewed as necessary as it has become the only way to deliver care without burning out or compromising the quality of patient care
Human resource sustainability	<ul style="list-style-type: none"> Staff attrition experienced by some sites Reported reasons for turnover: personal reasons; lack of fit; burnout working in the team care model; better opportunities; benefits available; insufficient hours; and complexity of working in model Time and burden of training new staff could not be fully absorbed by some without additional funding 	<ul style="list-style-type: none"> Staff turnover is an ongoing risk, but does not threaten long-term sustainability Positive progress previously made by some sites has declined due to staff attrition/ medical leaves

“Working together as a team... is beyond ‘is it sustainable’—it’s necessary for me. I couldn’t do without the team.”

- Specialist

“Certainly, the net amount of billing has increased, but it’s just enough to cover for all the extra cost of the staff.”

- Specialist

CONCLUSION

Findings from this evaluation demonstrate that Cohort 2 of CSTC was a successful undertaking. The initiative's processes and supports enabled 22 sites to establish or continue to refine team care models. As a whole, the sites collectively achieved the initiative's goals of increasing clinical capacity and improving the patient experience. The target for improvements in provider experience was also nearly met, with strong positive results showing for this outcome, both quantitatively and qualitatively.

Overall, the evaluation results show that team care models can, and continue to be an effective solution to providing quality care in community-based specialist settings. The findings support the SSC's decision to offer future cohorts of the initiative given the positive outcomes documented in this report.

APPENDICES

Appendix A. Provider Experience Survey

Provider Experience Survey CONSULTANT SPECIALIST TEAM CARE

The Provider Experience Survey is for measuring the level of work-related stress and satisfaction for specialists and their clinic staff. We will ask CSTC participants to complete this a few times over the Collaborative. Results will be anonymous and only the aggregate results will be reported. This survey is expected to take five to ten minutes.

Team:					
Role:	<input type="checkbox"/> Specialist physician	<input type="checkbox"/> Nursing	<input type="checkbox"/> Allied Health Professional		
	<input type="checkbox"/> Medical Office Assistant	<input type="checkbox"/> Other:			

Overall, I am satisfied with my current job.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not applicable

Using your own definition of “burnout”, please choose one of the answers below:

- | | | | | | |
|---|--|--|---|--|---|
| <input type="checkbox"/> I feel completely burned out. I am at the point where I may need to seek help. | <input type="checkbox"/> The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot. | <input type="checkbox"/> I am beginning to burn out and have one or more symptoms of burnout, e.g. emotional exhaustion. | <input type="checkbox"/> I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out. | <input type="checkbox"/> I enjoy my work. I have no symptoms of burnout. | <input type="checkbox"/> Not applicable |
|---|--|--|---|--|---|

My professional values are well aligned with those on my team.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not applicable

The degree to which my care team works efficiently together is:

- Poor
 Marginal
 Satisfactory
 Good
 Optimal
 Not applicable

My control over my workload is:

- Poor
 Marginal
 Satisfactory
 Good
 Optimal
 Not applicable

I feel a great deal of stress because of my job.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not applicable

Sufficiency of time for documentation is: (This includes clinical and/or administrative documentation).

- Poor
 Marginal
 Satisfactory
 Good
 Optimal
 Not applicable

The amount of time I spend on the electronic medical record (EMR) at home is:

- Excessive
 Moderately high
 Satisfactory
 Modest
 Minimal/none
 Not applicable

The EMR adds to the frustration of my day.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not applicable

What best describes the atmosphere in your primary work area?

- Hectic, chaotic

 Busy but reasonable

 Calm
 Not applicable

If I made a mistake on this team, I would feel safe speaking up.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not applicable

Please rate your satisfaction with work-life integration (i.e. meeting personal and professional obligations).

- Very dissatisfied
 Dissatisfied
 Neutral
 Satisfied
 Very satisfied
 Not applicable

Thank you for your time and feedback.

Appendix B. Patient Survey

Patient Survey



To continue to improve our services, we would like to know what you think about the care you received.

Please take 3 to 5 minutes to complete the following survey. This will help inform the care we provide to ensure it meets your needs. All responses will remain confidential and anonymous. The clinic will only see a summary of all patients surveyed.

If you do not wish to complete the survey, you will still receive the care you require. If you have other feedback, please feel free to talk with the clinic staff.

The doctor I saw was:	
Month of visit:	

Did the clinic team treat you with courtesy and respect?

Never
 Not very often
 Sometimes
 Very often
 Not sure

Did you have confidence in the clinic team you saw or spoke to?

No, not at all
 Yes, to some extent
 Yes, definitely
 Not sure

How satisfied are you with the way the clinic team listened to you during the visit?

Very dissatisfied
 Dissatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied
 Not sure

Did your clinic team help you feel confident that you can manage your own health?

Not at all
 Not really
 Somewhat
 Very much so
 Not sure

Were your family or caregivers involved as much as you wanted in decisions about your care?

Never
 Sometimes
 Usually
 Always
 I did not want them to be involved
 I did not have family or caregivers to be involved
 Not sure

I felt the clinic team worked well together to care for me.

Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not sure

Overall, how satisfied are you with the care you received?

Very dissatisfied
 Dissatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied
 Not sure