# Physician Evaluation of Care Conferences

Thank you for participating in our care conferences. We appreciate your feedback. **You can be compensated for time spent completing this evaluation.**

*Please indicate your level of agreement with the statements below by checking one of the numbered boxes.*

**1*.*Strongly Agree**  🡪 🡪 🡪 🡪 **5. Strongly Disagree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **Comments** |
| Staff were well prepared and their information gave me a clear picture of how the resident was doing (i.e. any significant changes). |  |  |  |  |  |  |
| The time was well used. |  |  |  |  |  |  |
| The information from team members was useful for my decisions about changes to medications and treatments. |  |  |  |  |  |  |
| The conversation about Goals of Care and MOST was comfortable and clear for everyone at the care conference. |  |  |  |  |  |  |
| I believe the resident/family member(s) found this meeting useful. |  |  |  |  |  |  |

Did the facility take your availability and/or preferences into account when scheduling the care conference?

Additional comments: