# Physician Evaluation of Care Conferences

Thank you for participating in our Care Conferences; your feedback helps us improve! Please note that any time spent completing this evaluation is eligible for compensation.

*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 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 care home take your availability and/or preferences into account when scheduling the Care Conference? Please circle one.

Yes No

Additional comments (please write on the back of this form if more space is needed):