# Feedback of Schwartz Rounds

Thank you for attending the Schwartz Round today. The goal of the Schwartz Rounds is to provide a multidisciplinary forum where staff discuss issues they face in providing care to patients. Please take a minute to answer these questions. The Steering Group will use your responses and comments to develop future Schwartz Rounds. Please respond to the following statements by ticking the box that reflects your opinion of today’s Schwartz Round.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date:  |  |   |   |   |
|   |  |   |   |   |
| Please respond to the following statements by ticking the box that most reflects your opinion of today’s Schwartz Centre Round | Completely disagree  | Disagree somewhat  | Neither agree nor disagree  | Agree somewhat  | Completely agree  |
| The stories presented by the panel were relevant to my daily work.  |   |   |   |   |   |
| I gained insights that will help me to meet the needs of patients  |   |   |   |   |   |
| Today’s Round will help me work better with my colleagues.  |   |   |   |   |   |
| The group discussion was helpful to me.  |   |   |   |   |   |
| I have a better understanding of how my colleagues feel about their work |   |   |   |   |    |
| I have a better understanding of how I feel about my work  |   |   |   |   |   |
| I plan to attend Schwartz Rounds again.  |   |   |   |   |   |
| I would recommend Schwartz Rounds to colleagues.  |  |  |  |  |  |
|  Please rate today’s Round | Poor | Fair | Good  | Excellent  | Exceptional |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Circle your professional affiliation  | Doctor   | Junior doctor  | GP  | Nurse/midwife  | HCA  | Dietician  |
| Chaplain  | Ward clerk  | Ward sister / manager  | Radiographer  | Psychologist | Pharmacist  |
|  Social worker  |  Admin & Clerical |  Physiotherapist |  Speech therapist  |  OT  | Manager |
| Board member | Porter | Security | Domestic | Volunteer | Fundraiser |
| Other (please state) |
| How many Rounds have you attended before? (please circle) | None Between 1-5 More than 5 |
| How did you hear about the Rounds? (please circle all that apply)Posters Email Previous Round Word of mouth Intranet/Internet Other  |
| (Optional) Please add your comments and feedback on today’s Schwartz Round If you would like to participate in Schwartz Rounds by talking about a patient, or if you have a topic you would like to see discussed in the future, please write your name and how we may contact you. Please give details of the issue that the patient presents or the topic that you would like discussed.Thank you for your comments |