Thank you for agreeing to complete this survey to express your thoughts and opinions. Information is being collected to learn about your experience in team-based care and the unique qualities of the clinic. **Your participation is completely voluntary.** Information collected will be assessed by Island Health staff members only and results will be presented at an aggregate level. Although we may report some individual comments, no identifying information will be included within those comments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What is the current level of collaboration among team members? | Very low | Low | Medium | High | Very high |
| 2. Do you have the appropriate supports to effectively participate in this team-based model of care?  Yes No Comments:  |
| 3. What are some of the strengths/challenges in communication/information sharing between providers? |
| 4. How are the people you serve involved in [shared] care planning? |
| 5. What excites you most about being a provider with this clinic? |
| 6. What characteristics do you think are unique to the clinic versus traditional models of care?  |
| 7. Are there any specific resources such as training or additional staff that would help the team better support the unique population you serve? |
| 8. Is there anything else you want to share about your experience with the Health Connections Clinic? |