



Clinician Experience Survey

We value your feedback! Please take a few moments to complete this survey about your experience.

Section 1: Pre-Assignment Experience

1. How would you rate the smoothness and efficiency of your onboarding process? (1 = Very Poor, 10 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2. Were you advised of all Occuhealth and compliance requirements as well as results?

☐ Yes ☐ No

Section 2: Work Environment

3. How would you rate the overall work environment at your current assignment? (1 = Very Poor, 10 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

4. How would you rate the level of support from the staff at your current facility? (1 = No Support, 10 = Fully Supported)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. How would you rate the sufficiency of resources and tools provided to perform your job effectively? (1 = Insufficient, 10 = Fully Sufficient)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

6. How would you describe the workload? (1 = Manageable, 10 = Overwhelming)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

7. How would you rate your experience with scheduling or shift coverage? (1 = Very Poor, 10 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 3: Housing and Logistics

8. If housing was provided, how would you rate its quality? (1 = Very Poor, 10 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

9. How would you rate the convenience of your housing location relative to the facility? (1 = Inconvenient, 10 = Very Convenient)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

10. How would you rate the efficiency of travel logistics? (1 = Very Inefficient, 10 = Very Efficient)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

11. How would you rate your experience with reimbursement or travel allowances? (1 = Very Poor, 10 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 4: Overall Satisfaction

12. How would you rate your overall satisfaction with your current assignment? (1 = Very Unsatisfied, 10 = Very Satisfied)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

13. How likely are you to recommend this assignment location to other travel clinicians? (1 = Definitely Not, 10 = Definitely Would)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

14. What has been the most rewarding aspect of this assignment?

15. What challenges have you encountered during this assignment?



Section 5: Suggestions and Additional Feedback

16. Do you have any suggestions for improving your overall experience?

17. Is there anything else you would like to share about your experience?