# Medical Mission Volunteer Survey

1. What type of health care services are you providing? Circle all that apply.
   * Medical
   * Surgical
   * Ophthalmology
   * Dental
   * Other
2. What is your professional affiliation with this mission? Circle the response which best suits your role.
   * Physician
   * Nurse
   * Dentist
   * Pharmacist
   * Support volunteer
   * Other
3. How many missions have you participated in?

mission(s).

1. How many missions have you participated in with this organization?

mission(s).

1. Pre Departure - an orientation meeting and/or additional efforts such as training workshops, handouts, emails), reading materials were offered?

YES NO

1. This orientation meeting and pre departure efforts for the team were well organized and of high quality.

Completely Disagree---------------------Completely Agree 1 2 3 4 5

1. Were there any complaints about the logistical organization of the mission? If Yes, please provide comments additional comments.

YES NO

1. Did the mission have all the necessary personnel? If No, please provide additional comments.

YES NO

1. Care was negatively affected by resource limitations (For example: lack of medical supplies, clinical space for examination, lighting).

Completely Disagree---------------------Completely Agree 1 2 3 4 5

1. A. There was a communication system in place for intra-team communication?

YES NO DO NOT KNOW

B. If yes, the communications system in place for intra-team communication is efficient.

Completely Disagree---------------------Completely Agree 1 2 3 4 5

C. If yes, the communications system in place for intra-team communication is beneficial to the mission.

Completely Disagree---------------------Completely Agree 1 2 3 4 5

1. Mission participants time was spent efficiently during the mission? Completely Disagree---------------------Completely Agree

1 2 3 4 5

1. Please indicate what percentage of your time was spent on the following activities during the mission. This should add up to 100%.
   * Patient Care
   * Patient Health Education
   * Education of Local Health Care Providers
   * Administrative/Logistical Duties
   * Team Building (social hours, discussions, etc.)
   * Religious activities in the community
   * “Down time” (rest, sleep, tourism, etc.)

\_%

\_%

\_%

\_%

\_%

\_%

\_%

1. What percentage of diagnoses were based solely on the clinical presentation of the patient as opposed to lab data or medical records? Circle the best response.

0-15% 15-25% 25-50% 50-75% 75-100%

1. On average, how long was the diagnostic portion of the average patient visit?

<5 min 5-10 min 10-15 min >15 min

**Mission Follow up:**

1. Does your mission participate in follow up care? YES NO

**If yes, please complete questions 16-20. If no, please go to question 21.**

1. On average, how many days of follow up care did you provide to each patient?

days.

1. Is there a method to track the post care health outcomes of your patients after he or she leaves the mission?

YES NO DO NOT KNOW

1. Do you believe the level of follow up care is sufficient to accurately evaluate the impact of this mission on its patients?

YES NO

1. What percentage of patients returned to the clinic with a problem or complain that was likely due to the actions of the mission? (adverse drug reaction, surgical wound infection)

0-5% 5-15% 15-25% 25-50% 50-100% DO NOT KNOW

1. Is it easy to refer a patient to a local specialist, health care provider, regional hospital or other mission for treatment or follow up?

Completely Disagree------------------Completely Agree

1 2 3 4 5

1. The interpreter services available during the mission are adequate to maintain a high level of care.

Completely Disagree------------------Completely Agree

1 2 3 4 5

* + No interpreter services were required

1. Please rank your ability to speak the native language of the patients. Circle the best response:
   * Basic (greetings, salutations, moderate understanding)
   * Conversational (basic phrases and tenses, good understanding) o Proficient (expert, idiomatic phrases, excellent understanding) o Fluent (effortless expression, complete understanding)
2. Greater language proficiency would have increased your personal productivity. Completely Disagree------------------Completely Agree

1 2 3 4 5

1. Please rate your knowledge of local culture before this mission. Please circle.
   * I knew nothing about the culture. o I knew a little about the culture. o I was average in my knowledge.
   * I was very comfortable with my knowledge.
   * I know the culture as well as if it were my own.
2. Greater cultural awareness would have improved the quality of care provided. Completely Disagree---------------Completely Agree

1 2 3 4 5

1. If teaching is part of your mission’s goals, the educational resources available to you were satisfactory.

Completely Disagree------------------Completely Agree

1 2 3 4 5

1. If you are a resident or student, do you feel the educational experience provided by the mission positively impacted the level of care you delivered or will deliver.

Completely Disagree------------------Completely Agree

1 2 3 4 5

1. If you are a resident or student, do you feel the mission impacted how you think of your future career or patient-doctor or patient- nurse relationship.

Completely Disagree------------------Completely Agree

1 2 3 4 5

1. Your overall experience with the mission was positive. Completely Disagree------------------Completely Agree

1 2 3 4 5

1. How much money did you pay to participate in this mission experience?

dollars

1. Did you collect donations to support your personal/individual expenses? YES NO
2. Do you have any additional comments about the mission or this survey? Your feedback is appreciated.