

# Skills Day Community Stakeholder Satisfaction Survey

## Introduction

Thank you for your participation in the RPAP Skills Day event. So we may continue to provide students with exposure to rural medicine and a high standard of skills instruction, we'd appreciate it if you could take a few minutes to answer the following questions:

**1. What was your overall impression of the students who visited your community? Please explain.**

**2. Do you think the Skills Day event provided students with a positive impression of your community? Please explain.**

**3. Do you feel the hospital personnel were fully engaged in the event? Please explain.**

**4. How important is STARS' involvement in the event? Please explain.**

**5. Are you satisfied with cost share of the event between the RPAP and your community? Please explain.**

**6. Are you satisfied with the RPAP's involvement in organizing the event? Please explain.**

**7. Do you feel enough time was allotted for the event? Please explain.**

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**8. Would you consider hosting another Skills Day event? If yes, within what timeframe? If no, please explain.**

**9. Do you have any other comments about the event?**

## 10. Contact Information

**Date(s) of Event:**

**Name:**

**Community:**

**Email Address:**

**Phone Number:**