



Trauma Informed Feedback Processes: A Culture of Feedback

Why should we get feedback?

Managers can significantly improve proactive customer service behavior (PCSB) by creating a supportive work environment that encourages employee initiative and commitment. A key tool in this process is the effective use of feedback, which serves as a powerful motivator for employees to align their efforts with performance standards. Both positive and negative feedback play crucial roles in shaping goal-setting behaviors. Positive feedback reinforces goal commitment and highlights the benefits of feedback, while negative feedback draws attention to areas needing improvement. Importantly, these two types of feedback are not mutually exclusive; rather, they work through different pathways to contribute to feedback-based goal setting. By understanding and implementing a balanced approach to feedback, managers can foster a work environment that promotes PCSB and ultimately enhances customer satisfaction.[1]

What is a culture of feedback?

An organization with a culture of feedback centers its development as collective work, meaning organizational staff, partners, and patients actively participate in decision-making. Feedback is valued, is integrated in daily work culture, and is used to improve the organization's environment, methods, language, and policies. When trauma informed care becomes a collective work, growth becomes a shared responsibility.

Why do we need a culture of feedback for trauma informed care?

People with a history of trauma, adversity, or chronic stress may not participate in evaluations because of power imbalances, distrust, negative past responses to feedback (e.g., retaliation, being ignored), and survey fatigue. The feedback processes integrate knowledge of trauma on how information is sought and used.

What key components make up a culture of feedback?

Ongoing Improvement: Feedback is part of the organization's evolution. It is actively sought for, valued, appreciated, and used. If feedback cannot be used or a change can't be made, people providing feedback understand why.

Integration into Policies & Procedures: Feedback should be integrated into the fabric of the work culture. This includes cumulative review of feedback to adapt policies, procedures, and programs. The goal is to ensure the organization remains aligned with the evolving needs and aspirations of staff, partners, leaders, and patients.

Trauma Informed Care Principles: Feedback processes and a culture of feedback are assessed via the principles of trauma informed care. Attention and care are given to emotional safety, trustworthiness & transparency, peer support, collaboration & mutuality, voice & choice, and cultural, historical, and gender responsiveness.

How does trauma informed care show up in feedback processes?

Trauma informed care realizes, recognizes, responds, and resists re-traumatization in systems. For feedback processes, the four R's mean trauma informed care is integrated in preparation, engagement, conclusion, and follow-up. A feedback process that is trauma informed...

- **Realizes** how feedback processes have caused harm to people with a history of trauma and toxic stress through superficial feedback, lack of decision-making power and representation, and story exploitation. It also realizes how trauma might impact a person's sense of safety and capacity to provide feedback.
- **Recognizes** trauma activation in feedback processes which may include reluctance participating, being forgetful, or feeling agitated.
- **Responds** by fully integrating knowledge about trauma into the feedback's practices, procedures and policies. This integration includes staff being well-informed about the purposes of evaluation and to what extent evaluation can change policies, procedures, and practices. Potential feedback participants are also informed of the purpose of evaluation and are aware that they will be asked for feedback ahead of time. Feedback is consistently asked for and reciprocal, meaning both parties gain benefits from feedback exchange. There are multiple ways to give

feedback (e.g., survey, email, 1:1, focus groups) and a choice of multiple levels of confidentiality (anonymous, group setting, 1:1).

- **Resists re-traumatization** through cumulative review of feedback, keeping participants informed of outcomes and of the feedback process. Participants witness outcomes of their feedback or know how feedback has led to positive outcomes in the past. Staff have the time and capacity to review feedback. Participants aren't at risk of repercussions when giving feedback. Staff are not at risk of repercussions when receiving feedback (unless safety is compromised), but rather feedback is used for growth and improving programming.

Participating in feedback processes can also be a vulnerable experience regardless of whether someone has experienced trauma. Multiple things contribute to feedback having the potential to be stressful. The entity asking for feedback is in a position of power over the participants. There can be a lot put on the table, even if questions aren't specifically about the participant. The participant is at risk of being judged, evaluated for their truthfulness, accuracy of information being told, not knowing enough or too much, and fear of embarrassing themselves. Trauma history can compound these stressors and be particularly challenging. Vulnerability to shame, embarrassment, and loss of power can activate a trauma response, making people who have experienced trauma feel unsafe.

Stress or trauma responses can be misinterpreted during data collection. Below are some common behaviors that can be misinterpreted:

Cognitive	Affective	Social	Behavioral
Asking questions to be repeated → Slower information processing, memory deficits Scattered, questioning → Attention control problems, hypervigilance, confusion	Not interested → Managing stress through avoidance Dramatic → Affective dysregulation, volatility	Quirky → Verbal and nonverbal communication challenges Laughing and joking randomly → using humor to ease tension and stress	Restless, moving often → Trying to metabolize adrenaline through movement Slow, withdrawn → Moving inward to avoid stressor

Utilizing trauma informed care in feedback processes cannot guarantee trauma responses won't happen or eliminate everything that can contribute to a stress response. However, it can buffer the impact of such a response and guide staff to act accordingly. Below are some considerations and tips for trauma informed feedback processes:

Principle of Trauma Informed Care	Feedback Process Examples	Culture of Feedback
<p>Emotional Safety: Patients, partners, and staff are able to give feedback without fear of retaliation. Feedback is valued, taken seriously, and respected.</p>	<ul style="list-style-type: none"> • Feedback can be given anonymously via online surveys, the option to complete a survey in another room, or the option to give feedback in another space. • Participants know the staff who is in charge of reviewing feedback when possible. • Participants receive gratitude for providing feedback. Participation incentives are given when possible. 	<ul style="list-style-type: none"> • During agency provider orientation, staff identify themselves as the person reviewing their feedback. • Staff in charge of the feedback have the authority to respond to and make changes as needed. Innovation from feedback is not easily dismissed. • Negative feedback that may impact the organization's reputation is welcomed as part of the organization's growth.
<p>Trustworthiness & Transparency: Participants know why feedback is being asked, how their feedback will be used, who has access to it, and what/when changes can be expected.</p>	<ul style="list-style-type: none"> • Annual reports include outcomes specifically from feedback. Partner agencies and other participants have access to this report when possible. • At the opening and end of the feedback collection method, participants are informed what the intention for the feedback is, how to contact a staff member in charge of the feedback, and the investigation process which includes an end date. 	<ul style="list-style-type: none"> • Current feedback processes in place and their participation rates are highlighted in an annual report. • Staff reviewing feedback have the time and capacity to follow through with investigating, reviewing, and responding to feedback. Staff reviewing feedback are able to share out to the rest of the staff findings and opportunities for improvement. • There is an advisory board with participants with lived experience.

	<ul style="list-style-type: none"> • At the end of the feedback collection method is the option to opt-in to cumulative review feedback processes. Staff can contact participants to participate in decision-making as a result of feedback that directly impacts patients. 	<ul style="list-style-type: none"> • Staff managing advisory boards have the authority to take in feedback and make changes. • Advisory board members receive a stipend or incentive for participating.
<p>Peer Support: Participants with lived experiences are invited into developing feedback processes and reviewing adaptations as a result of cumulative feedback.</p>	<ul style="list-style-type: none"> • At the end of the feedback collection method is the option to opt-in to cumulative review feedback processes. Staff can contact participants to participate in decision-making as a result of feedback that directly impacts patients. 	<ul style="list-style-type: none"> • There is an advisory board with participants with lived experience. • Staff managing advisory boards have the authority to take in feedback and make changes. • Advisory board members receive a stipend or incentive for participating.
<p>Collaboration & Mutuality: Feedback is cumulatively reviewed. Policies, procedures, and programs are regularly updated based on feedback. Staff managing these reviews have low barriers to make changes as possible.</p>	<ul style="list-style-type: none"> • The feedback collection methods include at least one question specific to improving the collection method itself. 	<ul style="list-style-type: none"> • Feedback is incorporated in trauma informed policy, procedure, and program review. • There is an advisory board with agency providers and staff. Board members receive a stipend or incentive for participating. • Staff managing advisory boards have the authority to take in feedback and make changes.
<p>Voice & Choice: Participants have the choice of different methods to provide feedback which include data collection methods, levels of</p>	<ul style="list-style-type: none"> • There are multiple data collection methods to provide feedback which can include: in-the-moment/verbal feedback, 	<ul style="list-style-type: none"> • Staff have the capacity to take in and assess feedback from multiple methods.

confidentiality, and time/effort expended.	surveys, forms, listening sessions, one-on-one feedback.	
Cultural, Historical, & Gender Responsiveness: Feedback metrics include inclusivity and identity relevance. Feedback processes consider historical and social power imbalances and how they might be reinforced or resisted in the feedback process.	<ul style="list-style-type: none"> Survey items, topics, and objectives focus on inclusivity and identity relevance. Data collection methods are available in multiple languages. Listening sessions are conducted without leadership present as need be. 	<ul style="list-style-type: none"> Staff reviewing feedback have the authority and capacity to make adaptations from cumulative review. Staff reviewing feedback are aware of the limitations of their role (E.g., what can, happen, what can likely not happen, what can happen but takes a long time to change).

Example Feedback Processes for Staff & Patients

Evaluation Title	Description	Review & Report	Distributing Staff	Method Options	Administration
Onboarding Employees	<ol style="list-style-type: none"> 1. Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery 2. Centering Relationships 	<p>Post onboarding Cumulative review annually</p> <p>Report changes at the start of new onboarding and update providers via newsletter</p>	Onboarding Leads	<ol style="list-style-type: none"> 1. Anonymous survey with follow-up option 2. Email follow up 3. 1:1 follow up or post onboarding 	<p>Introduce the evaluation and why at the beginning of the orientation. Provide example of how the evaluation has changed the onboarding in the past.</p> <p>Administer 10 minutes before onboarding ends. Option to decline, complete then, at a later</p>

	3. Improve Workplace Culture				date, or give feedback directly to facilitator. Send follow up email up to one week after onboarding with the invite for anonymous feedback, phone call, or 1:1 discussion for additional comments.
Policies & Procedures Feedback	<ol style="list-style-type: none"> 1. Improve Core Services 2. Improve Relevance to Identities 3. Improve Organization Protocols 	<p>Ongoing</p> <p>Report changes at the start of new onboarding and update providers via all-staff, newsletter, and team meetings as needed</p> <p>Cumulative review annually alongside annual provider survey.</p>	Supervisors & Directors	<ol style="list-style-type: none"> 1. Anonymous survey 2. Email follow up 3. Invitation for 1:1 or with peer 4. Annual team meeting on policies & procedures 	Regularly introduce feedback options at the beginning of all staff, in newsletter, and as a reminder in team meetings. Include how the information is used, who views it, and level of anonymity options. Follow up will be per situation for individual concerns and larger meetings for policy and procedure modifications.
After Screening with Provider	1. Improve Transparency, Choice, Simplicity	<p>Ongoing</p> <p>Report changes at the start of new onboarding</p>	Agency Provider or Front Desk	1. Anonymous survey with follow-up option with provider	Review after screening. Provide example of how the evaluation can improve services and that

	<ul style="list-style-type: none"> 2. Centering Relationships 3. Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery 	<p>and update providers via all-staff, newsletter, and team meetings as needed</p>		<p>after screening</p>	<p>feedback does not impact services.</p> <p>Request patient participation in requesting feedback after patients receive screening via a paper survey, QR code, or tablet with the front desk. Provider can also invite feedback directly in narrative form if comfortable in addition.</p>
<p>Patient Care Services Survey</p>	<ul style="list-style-type: none"> 1. Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery 2. Transparency & Simplicity 3. Improve Quality of Care 	<p>Ongoing</p> <p>Report Changes per situation and as needed.</p> <p>Cumulative review annually alongside annual survey.</p>	<p>All Staff</p>	<ul style="list-style-type: none"> 1. Anonymous survey 2. Email follow up 3. Invitation for 1:1 	<p>Introduce post-service feedback option at the beginning of interaction and how the information is used, who views it. Follow up will be per situation (assuming). Provide different levels for anonymity.</p>

Onboarding Employees

The goal of this feedback process is to improve training method delivery of facilitators, improve the orientation’s relevance to participant identities, and trauma informed care knowledge.

Example Feedback Survey (Via Email and During Orientation)

To center relationship, active feedback engagement, and transparency, the facilitator introduces the evaluation at the beginning of the orientation and what it is used for.

Sample Script: *I want to let you know we will have an evaluation about this orientation at the end of this meeting. Organization centers the people most impacted by this program, you and patients. Your feedback helps us learn what information staff need in the here and now and what might be less relevant. We also try to use adult learning styles in this orientation and continue to evolve this orientation from feedback. Please keep an eye on what about this orientation landed well, could be improved, and any lingering questions you hoped would be answered.*

To center collaboration and model the value of feedback, facilitators can offer the evaluation 10 minutes before closing. Providers can also opt out of giving feedback immediately.

Sample Script: *We have about 10 minutes left. I'd like to use some of this time for the evaluation of this orientation. We do this to be respectful of your time and because we really value your feedback. However, if you are not in a space to complete the evaluation, we will also be sending a follow-up email with a link to the survey. Please know that this is an anonymous survey, but I do invite you to give more feedback 1:1 if you have other suggestions outside what this survey asks.*

To center voice and choice and to give providers regulation space after the orientation, staff can send the follow-up email with the survey up to one week after onboarding with an invite to anonymous feedback, a phone call, or a 1:1 meeting.

Sample Email: *Thank you for joining us for the Organization Orientation! As stated during orientation, I want to emphasize that how Organization runs wasn't decided in isolation. Our orientation continues to evolve based on the feedback that you share. If you didn't get a chance to complete our evaluation during onboarding, we would love to hear your thoughts about it [here](#). We also recognize that people are asked for feedback often in many spaces and can experience survey fatigue. If you would rather send your feedback directly via email, please reply back. If it is easier to have a quick check-in, please call at XX-XX.*

Sample Qualitative Questions	Sample Qualitative Questions	Intent of Question
For Organization's growth and learning, what are some words you	Which of the following words would you use to describe your orientation with Organization?	Improve Safety, Choice, and Cultural Responsivity

would use to describe your onboarding?	(Select all that apply) <input type="checkbox"/> Professional <input type="checkbox"/> Empathetic <input type="checkbox"/> Efficient <input type="checkbox"/> Confusing <input type="checkbox"/> Supportive <input type="checkbox"/> Frustrating <input type="checkbox"/> Inclusive <input type="checkbox"/> Impersonal <input type="checkbox"/> Thorough <input type="checkbox"/> Other:	of Training Method Delivery
When thinking about the content, flow of information, and facilitator style, what worked well?	Please select what orientation delivery methods worked well: <input type="checkbox"/> Content <input type="checkbox"/> Content Relevance to My Work <input type="checkbox"/> Content Relevance to Identities I Hold <input type="checkbox"/> Time <input type="checkbox"/> The Physical/Virtual Environment <input type="checkbox"/> Organization/Flow	Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery
How prepared do you feel to enroll patients into Organization? (Consider confidence in yourself and the organization, trust, safety, etc.)	How prepared do you feel to enroll patients into Organization on a scale of 1–5 (1 = not at all prepared, 5 = very prepared)? How confident do you feel this organization can meet your patients’ needs on a scale of 1-5 (1 = not at all confident, 5 = very confident)?	Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery
Any recommendations on how Organization’s enrollment process could be simplified or easier to understand?	How would you rate the simplicity and ease of understanding of enrolling patients into Organization (1–5)?	Improve Workplace Culture
Did you encounter any Organization forms or documents that you found difficult to understand, upsetting, or problematic that we should be aware of?	Did you encounter any Organization forms or documents that were difficult to understand, upsetting, or problematic? Yes/No. If yes, which ones?	Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery
Are there any Organization’s rules or policies that you anticipate will be difficult or challenging (e.g.,	—	Improve Workplace Culture

<p>because of your practice or the community you work with)?</p>		
<p>Throughout this experience, did you ever feel that any aspect of your identity or lived experience affect how you were treated or your ability to access our services? Please describe any specific instances or general impressions.</p>	<p>To what extent did you feel that aspects of your identity were respected and accommodated during your experience with Organization? <input type="checkbox"/> Fully respected and accommodated <input type="checkbox"/> Mostly respected and accommodated <input type="checkbox"/> Somewhat respected and accommodated <input type="checkbox"/> Slightly respected and accommodated <input type="checkbox"/> Not at all respected and accommodated Optional: Please specify any notable experiences: _____</p>	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>
<p>Anything else we should know or recommendations you may have to improve Organization’s enrollment process?</p>	<p>How would you rate the overall quality of care provided by Organization? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor</p>	<p>Improve Workplace Culture</p>
<p>How would you define trauma-informed care? How do you see this framework showing up or being integrated in your practice?</p>	<p>How much do you agree with the following statements (Strongly Disagree – Strongly Agree):</p> <ul style="list-style-type: none"> • Almost everyone being enrolled can have a stress response. • The way medical enrollments are provided can be changed to make it less stressful for children and families. • Healthcare staff can themselves experience signs of physical and/or emotional distress related to their work. 	<p>Center Relationships</p>

Policies & Procedures Feedback

The goal of this feedback process is to improve organizational policies and procedures from a trauma informed lens.

Example Feedback Survey (All Options During All-Staff)

To center relationship, active feedback engagement, and transparency, the leadership introduces the evaluation at the beginning of all-staff and what it is used for.

Sample Script: This organization's decisions aren't made by just me but by everyone here. I want to let you know we will have an evaluation about how this organization runs at the end of this meeting and every all-staff meeting. Organization centers the people most impacted by this program, you and patients. Your feedback helps us learn innovative ways we can approach bumps in our procedures. Some of our policies might be dated or no longer relevant. You might be one of the first to notice. I can't promise everything will change in a day, but I can promise that I and the Quality Assurance team will review all feedback at least XXX days after this meeting with a trauma informed lens. We make what changes we can in the moment and put into gear the changes that need longer systems work. There will be different ways you can give feedback. Stay tuned until the end.

To center collaboration and model the value of feedback, facilitators can offer the evaluation 10 minutes before closing. Providers can also opt out of giving feedback immediately.

Sample Script: We have about 10 minutes left. I'd like to use some of this time for the evaluation that I mentioned earlier. We do this to be respectful of your time and because we really value your feedback. However, if you are not in a space to complete the evaluation, we will also be sending a follow-up email with a link to the survey. The survey will be live for three weeks after this meeting. Please know that this is an anonymous survey, but I do invite you to give more feedback 1:1 if you have other suggestions outside what this survey asks. You are also welcome to share with your supervisor instead.

To center voice and choice and to give providers regulation space after the orientation, staff can send the follow-up email with the survey up to one week after onboarding with an invite to anonymous feedback, a phone call, or a 1:1 meeting.

Sample Email: Thank you for joining us for the All Staff! As stated during the meeting, I want to emphasize that how Organization runs wasn't decided in isolation. Our orientation continues to evolve based on the feedback that you share. If you didn't get a chance to complete our evaluation during onboarding, we would love to hear your thoughts about it

here. We also recognize that we have a culture of feedback which means you may be asked for feedback often in many spaces and can experience survey fatigue. If you would rather send your feedback directly via email, please reply back. If it is easier to have a quick check-in, please call at XX-XX.

Sample Qualitative Questions	Sample Quantitative Questions	Intent of Question
What aspects of our core service protocols or workflows support you most in doing your job effectively?	To what extent do you feel our current service protocols or workflows help you do your work effectively? (1 = not at all supportive, 5 = very supportive)	Improve Core Services
Are there any daily processes, tools, or requirements that make your work harder or less safe (emotionally or physically)? If so, please share:	How often do you encounter barriers in your daily work (e.g., unclear expectations, limited resources, time constraints)? (Never – Always)	Improve Core Services
What would make our services or supports better support safety, trust and other trauma informed principles for staff and clients?	I feel that our core services are delivered in a way that is trauma informed and centered on safety, trust, and other trauma informed principles. (Strongly Disagree – Strongly Agree)	Improve Core Services
How well do our current policies and practices reflect and support the identities and lived experiences of our staff?	I feel that organizational policies acknowledge and respect the diverse identities of staff. (Strongly Disagree – Strongly Agree)	Improve Relevance to Identities
Can you share an example of when you felt your identity or perspective was affirmed or overlooked in how an organizational policy was applied?	I feel comfortable naming when a policy or practice does not work for me or my community. (Strongly Disagree – Strongly Agree)	Improve Relevance to Identities
What recommendations do you have for ensuring our protocols and	I believe the organization actively seeks and integrates feedback from staff with different	Improve Relevance to Identities

trainings are more inclusive and culturally responsive?	cultural or community perspectives. (Strongly Disagree – Strongly Agree)	
Are there any policies or procedures that feel unclear, confusing, or inconsistent with our values?	I understand the organization’s policies and how they apply to my role. (Strongly Disagree – Strongly Agree)	Improve Organization Protocols
How are policy or protocol changes communicated, and what could make this process feel more transparent or supportive?	When policies or procedures change, I receive clear and timely communication. (Strongly Disagree – Strongly Agree)	Improve Organization Protocols
In what ways could leadership or management better involve staff in reviewing or shaping organizational policies?	I feel included in decision-making or feedback processes related to organization protocols. (Strongly Disagree – Strongly Agree)	Improve Organization Protocols

After Screening With Provider

The goal of this feedback process is to improve customer service delivery, improve accessibility and relevance to provider identities, assess for any harm/activation that might have occurred while engaging with Organization, and to create a path for providers to provide input on Organization deliverables and accessibility.

Option 1: Staff Member-Led Feedback During Service Call

This option is to be used when the staff member feels the patient is comfortable providing feedback during the service call. It provides the opportunity to center relationship-building with the patient and staff member but confidentiality is limited.

To build mutuality and collaboration, the staff member can offer consent and the amount of engagement in the feedback process.

Sample Script: *Do you mind if I take notes/record our conversation so I can bring back to my team hiccups in the process that you experienced or to document suggestions you might have for improving our processes?*

To offer choice and safety around confidentiality, the staff member should let the provider choose if they want their case or name attached to the feedback.

Sample Script: *Throughout our conversation, I've been keeping notes on some valuable suggestions on how eligibility criteria could be clearer. Do you mind if I read back to you what I'm hearing to make sure I have it right? And would you mind if I attach your case to this feedback for context? If not, I can make it anonymous.*

To build relationship and transparency during this feedback process, the staff member can weave feedback opportunities throughout the conversation using active listening and reflective statements.

Sample Script: *I'm hearing that you are having problems determining if this patient is eligible because of XX circumstance. Is that correct? Could you tell me more? I'd love to share this feedback with my team so we can review our criteria.*

Qualitative questions can be reworded to fit a conversation's flow more easily than quantitative questions.

Option 2: After Service Survey

This option can be offered if the provider declines to provide feedback during staff interactions. This option increases confidentiality of the provider but can limit suggestions or depth of their experiences. This data is more passively collected, meaning without direct patient interaction and have a lower response rate and a higher negative feedback rate. However, automated after service feedback can provide more generalizable data and metrics for annual review.

To improve response rates, staff can center relationships in interactions with provider and emphasize that feedback is actually taken into consideration.

Sample Script: *I feel this has been a challenging situation for your team. Before we close, do you mind if I transfer you to an automated feedback survey or send you an email for a survey link? I think it is important to document what happened and your recommendations in your own words. It is only (5) questions long and feedback is reviewed regularly to help us improve our service flow.*

To offer choice and safety around confidentiality, the staff member should let the provider choose if they want their case or name attached to the feedback.

Sample Script: *For the automated feedback survey, there will be a few open-ended questions. You can add as much or as little specific information to you as you like. Including your case with your feedback will help us with more context to your feedback but is not required and will not impact the value of the feedback you provide.*

Sample Qualitative Questions	Sample Quantitative Questions	Intent of Question
<p>For Organization’s growth and learning, what are some words you would use to describe this interaction?</p>	<p>Which of the following words would you use to describe your interaction with Organization? (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional <input type="checkbox"/> Empathetic <input type="checkbox"/> Efficient <input type="checkbox"/> Confusing <input type="checkbox"/> Supportive <input type="checkbox"/> Frustrating <input type="checkbox"/> Inclusive <input type="checkbox"/> Impersonal <input type="checkbox"/> Thorough <input type="checkbox"/> Other: 	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>
<p>How was working with our <i>customer service</i> for you? Anything that stood out to you that made you feel welcomed or unwelcomed, comfortable or uncomfortable?</p>	<p>How would you rate your overall experience with our customer service on a scale of 1-5 with 1 being very poor and 5 being excellent?</p> <p>How would you rate your comfort level working with our customer service on a scale of 1-5 with 1 being not comfortable at all and 5 being very comfortable?</p> <p>How would you rate your sense of feeling welcomed when working with our customer service on a scale of 1-5 with 1 being not welcomed at all and 5 being very welcomed?</p>	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>

<p>To what extent do you feel that Organization was prepared to support you?</p>	<p>How prepared do you feel Organization was to support you on a scale of 1-5 with 1 being not at all prepared and 5 being very prepared.</p>	<p>Improve Service Delivery</p>
<p>Any recommendations on how this process could be simplified or easier to understand?</p>	<p>How would you rate the simplicity and ease of understanding of resolving your bill on a scale of 1-5 with 1 being not at all easy or simple and 5 being very easy and simple?</p>	<p>Improve Transparency & Simplicity</p>
<p>Did you encounter any Organization's forms or documents that you found difficult to understand, upsetting, or problematic that we should be aware of?</p>	<p>Did you encounter any Organization forms or documents that were difficult to understand, upsetting, or problematic? Yes/No. If so, which ones? List main forms and None of the Above</p>	<p>Improve Transparency & Simplicity</p>
<p>Are there any Organization's rules or policies that have had a negative impact on you?</p>	<p>Have any of Organization's rules or policies had a negative impact on you? Yes/No. If yes, which ones? List most common policies providers may interact with like "enrollment process"</p>	<p>Improve Quality of Care</p>
<p>Please tell us about your experience learning about Organization.</p>	<p>To what extent do you agree with the following statements? (Strongly Disagree → Strongly Agree) • I felt my provider was able to convey what Organization is clearly. • I understand that I qualify for Organization enrollment, which covers my breast, cervical, and hereditary cancer screening services. • I know how to submit a claim to Organization if I need to.</p>	<p>Centering Relationships</p>
<p>How was enrolling in Organization? Any recommendations on how</p>	<p>How easy was it to enroll in Organization on a scale of 1-5 (1 = not at all easy or simple, 5 = very easy and simple)?</p>	<p>Improve Transparency, Choice, & Simplicity</p>

<p>enrolling in Organization could be simplified or easier to understand?</p>		
<p>Throughout this experience, did you ever feel that any aspect of your identity or lived experience affect how you were treated or your ability to access our services? This could include positive experiences, challenges, or any moments where you felt particularly seen or unseen, understood or misunderstood. Please describe any specific instances or general impressions.</p>	<p>To what extent did you feel that aspects of your identity were respected and accommodated during your experience with Organization?</p> <p><input type="checkbox"/> Fully respected and accommodated</p> <p><input type="checkbox"/> Mostly respected and accommodated</p> <p><input type="checkbox"/> Somewhat respected and accommodated</p> <p><input type="checkbox"/> Slightly respected and accommodated</p> <p><input type="checkbox"/> Not at all respected and accommodated</p> <p>Optional: Please specify any notable experiences:</p> <p>_____</p>	<p>Improve Quality of Care</p>
<p>Anything else we should know or recommendations you may have to improve our quality of care?</p>	<p>How would you rate the overall quality of care provided by Organization?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very Poor</p>	<p>Improve Quality of Care</p>

Patient Direct Contact Feedback Processes

The goal of this feedback process is to improve customer service delivery, improve accessibility and relevance to patient identities, assess for any harm/activation that might have occurred while engaging with Organization, and to create a path for patients to provide input on Organization deliverables and accessibility.

Option 1: Staff Member-Led Feedback During Service Call

This option is to be used when the staff member feels the patient is comfortable providing feedback during the service call. It provides the opportunity to center relationship-building with the patient and staff member but confidentiality is limited.

To build mutuality and collaboration, the staff member can offer consent and the amount of engagement in the feedback process.

Sample Script: At Organization, we are invested in proactive customer service which centers our patients and your experiences with us. Do you mind if I take notes/record our conversation on issues that arose or suggestions you might have for improving our quality of care?

To offer choice and safety around confidentiality, the staff member should let the patient choose if they want their case or name attached to the feedback.

Sample Script: Throughout our conversation, I've been keeping notes on some valuable suggestions on how patients could be better notified of billing problems. Do you mind if I read back to you what I'm hearing to make sure I have it right? And would you mind if I attach your case to this feedback for context? If not, I can make it anonymous.

To build relationship and transparency during this feedback process, the staff member can weave feedback opportunities throughout the conversation using active listening and reflective statements.

Sample Script: I'm hearing that you were given information about screenings, but the information pamphlet you got didn't match your situation. Is that correct? Could you tell me more? I'd love to share this feedback with my team so we can review our forms.

Qualitative questions can be reworded to fit a conversation's flow more easily than quantitative questions.

Option 2: After Service Survey

This option can be offered if the patient declines to provide feedback during staff interactions. This option increases confidentiality of the patient but can limit suggestions or depth of their experiences. This data is more passively collected, meaning without direct patient interaction and have a lower response rate and a higher negative feedback rate. However, automated after service feedback can provide more generalizable data and metrics for annual review.

To improve response rates, staff can center relationships in interactions with patients and emphasize that feedback is actually taken into consideration.

Sample Script: *At Organization, we are invested in proactive customer service which centers our patients and your experiences with us. Do you mind if I transfer you to an automated feedback survey or send you an email for a survey link? It is only (5) questions long and feedback is reviewed regularly to help us improve our service flow.*

To offer choice and safety around confidentiality, the staff member should let the patient choose if they want their case or name attached to the feedback.

Sample Script: *For the automated feedback survey, there will be a few open-ended questions. You can add as much or as little specific information to you as you like. Attaching your name or case number to your feedback will help us with more context to your feedback but is not required and will not impact the value of the feedback you provide.*

Sample Qualitative Questions	Sample Quantitative Questions	Intent of Question
<p>For Organization’s growth and learning, what are some words you would use to describe this interaction?</p>	<p>Which of the following words would you use to describe your interaction with Organization? (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional <input type="checkbox"/> Empathetic <input type="checkbox"/> Efficient <input type="checkbox"/> Confusing <input type="checkbox"/> Supportive <input type="checkbox"/> Frustrating <input type="checkbox"/> Inclusive <input type="checkbox"/> Impersonal <input type="checkbox"/> Thorough <input type="checkbox"/> Other: 	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>
<p>How was working with our <i>customer service</i> for you? Anything that stood out to you that made you feel welcomed or unwelcomed, comfortable or uncomfortable?</p>	<p>How would you rate your overall experience with our customer service on a scale of 1-5 with 1 being very poor and 5 being excellent?</p>	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>

	<p>How would you rate your comfort level working with our customer service on a scale of 1-5 with 1 being not comfortable at all and 5 being very comfortable?</p> <p>How would you rate your sense of feeling welcomed when working with our customer service on a scale of 1-5 with 1 being not welcomed at all and 5 being very welcomed?</p>	
<p>To what extent do you feel that Organization was prepared to support you?</p>	<p>How prepared do you feel Organization was to support you on a scale of 1-5 with 1 being not at all prepared and 5 being very prepared.</p>	<p>Improve Safety, Choice, and Cultural Responsivity of Training Method Delivery</p>
<p>Any recommendations on how this process could be simplified or easier to understand?</p>	<p>How would you rate the simplicity and ease of understanding of resolving your bill on a scale of 1-5 with 1 being not at all easy or simple and 5 being very easy and simple?</p>	<p>Improve Transparency & Simplicity</p>
<p>Did you encounter any Organization's forms or documents that you found difficult to understand, upsetting, or problematic that we should be aware of?</p>	<p>Did you encounter any Organization forms or documents that were difficult to understand, upsetting, or problematic? Yes/No. If so, which ones? List main forms and None of the Above</p>	<p>Improve Transparency & Simplicity</p>
<p>Are there any Organization's rules or policies that have had a negative impact on you?</p>	<p>Have any of Organization's rules or policies had a negative impact on you? Yes/No. If yes, which ones? List most common policies patients may be aware of like "billing process"</p>	<p>Improve Quality of Care</p>

<p>Throughout this experience, did you ever feel that any aspect of your identity affected how you were treated or your ability to access our services? This could include positive experiences, challenges, or any moments where you felt particularly seen or unseen, understood or misunderstood. Please describe any specific instances or general impressions.</p>	<p>To what extent did you feel that aspects of your identity were respected and accommodated during your experience with Organization?</p> <p><input type="checkbox"/> Fully respected and accommodated</p> <p><input type="checkbox"/> Mostly respected and accommodated</p> <p><input type="checkbox"/> Somewhat respected and accommodated</p> <p><input type="checkbox"/> Slightly respected and accommodated</p> <p><input type="checkbox"/> Not at all respected and accommodated</p> <p>Optional: Please specify any notable experiences:</p> <p>_____</p>	<p>Improve Quality of Care</p>
<p>Anything else we should know or recommendations you may have to improve our quality of care?</p>	<p>How would you rate the overall quality of care provided by Organization?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Very Poor</p>	<p>Improve Quality of Care</p>

[1] Menguc, B., Auh, S., Ang, D., & Uray, N. (2024). Don't give me just positive feedback: How positive and negative feedback can increase feedback-based goal setting and proactive customer service behavior. *Journal of the Academy of Marketing Science*, 1-19.