# Health Resources and Services Administration Bureau of Clinician Recruitment Service National Health Service Corps Partner Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.

## Survey Introduction

The National Health Service Corps (NHSC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the NHSC.

The survey is hosted via a secure server and your responses will remain **strictly confidential and anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007.

The survey will take approximately 10 minutes to complete. Thank you in advance for completing the survey.

Please click on the "Next" button below to begin.

#### Introduction Questions

Throughout the following survey, we will frequently refer to the term "NHSC Partner". A "NHSC Partner" is someone/organization that supports the NHSC program mission to recruit and retain primary care clinicians to serve underserved communities.

INTRO1 As a NHSC partner, what is your <u>primary</u> role? (Select one)

- 1 Ambassador
- 2 Former NHSC Member (alumni)
- Work for a partnering Professional Organization
- 4 Work for a State Primary Care Association
- 5 Work for a State Primary Care Office
- 6 Work for an Academic Institution
- 7 Work at a NHSC site
- 8 Other (please specify)

INTRO3 How long have you been a NHSC partner?

- 1 Less than 6 months
- 2 6 months to less than 1 year



- 3 1 year to less than 5 years
- 4 More than 5 years

# Ambassador Program (Only if INTRO1=1)

- Q1\_1 Which of the following activities do you participate in as an Ambassador? (Select all that apply)
  - 1 Provide presentations to prospective members
  - 2 Distribute materials
  - 3 Host one-on-one meetings with applicants
  - 4 Answer questions from members via e-mail
  - 5 Mentor
  - 6 Other (please specify)

## Other Partners (Only if INTRO1>1)

- Q2\_1 Have you promoted NHSC to anyone in the past 12 months? (Select one)
  - 1 Yes (please specify to whom)
  - 2 No
- Q2\_2 **(If Q2\_1=Yes)** How have you promoted NHSC in the past 12 months? (Select all that apply)
  - 1 Verbally provided recommendation
  - 2 Provided NHSC website link
  - 3 Provided NHSC materials
  - 4 Other (please specify)
- Q2\_3 (If INTRO1=2) Are you still providing health services in health professional shortage areas?
  - 1 Yes
  - 2 No
- Q2\_4 **(If Q2\_3=No)** Why did you choose not to continue providing health services in health professional shortage areas after your service obligation was completed? **(Capture open-ended response)**

## Training/Orientation

Q3\_1 Did the NHSC provide you with any training to aid you in your current role as a partner?



- 1 Yes
- 2 No (Skip to Q4\_1)

Please consider the training provided to you by NHSC. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q3\_2 The relevance of topics covered
- Q3\_3 The usefulness of information provided during training
- Q3\_4 The instructor's knowledge of subject matter
- Q3\_5 The timeliness of training
- Q3\_6 The materials provided at the training
- Q3\_7 In what other subject or topic areas might you be interested in receiving training from NHSC to assist you in your role as a partner? **(Capture open-ended response)**

## **NHSC Support**

- Q4\_1 Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate the level of support provided by the NHSC to aid you in your partner role.
- Q4\_2 What additional support could the NHSC provide to aid you in your partner role? **(Capture open-ended response)**
- Q4\_3 Do you know how to contact NHSC with any questions or concerns you may have?
  - 1 Yes
  - 2 No **(Skip to Q5\_1)**
- Q4\_4 Have you contacted NHSC in the past 12 months with any questions or concerns?
  - 1 Yes
  - 2 No (Skip to Q5\_1)
- Q4\_5 When you last contacted NHSC, how did you do so? (Select one)
  - 1 Telephone
  - 2 E-mail
  - 3 E-fax
  - 4 In person
  - 5 Other (please specify)



Please think about your experiences with the NHSC representative you had contact with most recently. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q4\_6 Ease of reaching a NHSC representative
- Q4\_7 Courteousness of NHSC representative
- Q4\_8 Knowledge of NHSC representative
- Q4\_9 Timeliness of the NHSC representative's response to your inquiry or concern
- Q4\_10 Relevance of the information provided by the NHSC representative
- Q4\_11 Level of service provided by the NHSC representative

#### Information/Communication

Please think about the communications you last received from the NHSC. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q5 1 The timeliness of the communications
- Q5\_2 The relevance of the information provided to your inquiry
- Q5\_3 The sufficiency of detail to meet your needs
- Q5\_4 Your ease of understanding the information communicated
- Q5\_5 The organization of the information provided
- Q5\_6 The format in which the information was provided
- Q5\_7 The helpfulness of information in guiding your decision-making
- Q5\_8 Ideally, how would you like to receive future communications from the NHSC? (Select all that apply)
  - 1 Electronic Newsletters
  - 2 Hard Copy Newsletters
  - 3 Email updates
  - 4 Postal Mail
  - 5 Website Updates
  - 6 Group Conference Calls
  - 7 Webinars
  - 8 Facebook
  - 9 Text Messaging
  - 10 PDFs
  - 11 Jump/Flash Drive
  - 12 Fax
  - 13 Other, please specify



- Q5\_9 How often would you like to receive communications from the NHSC? (Select one)
  - 1 More than once per month
  - 2 Monthly
  - 3 Quarterly
  - 4 Twice per year
  - 5 Yearly or less often
- Q5\_10 What information/resources can the NHSC provide to support you in your role? **(Capture open-ended response)**

#### **ACSI Benchmark Questions**

- Q6\_1 Please consider all of the experiences you have had with the NHSC program as a partner. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NHSC program?
- Q6\_2 Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NHSC program fallen short of or exceeded your expectations?
- Q6\_3 Imagine an ideal scholarship and loan repayment program. How well do you think the NHSC compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*.

### Outcome Measures/Retention

- Q7 On a scale from 1 to 10 where 1 means *Completely Disagree* and 10 means *Completely Agree*, to what extent do you agree that the National Health Service Corps is delivering a meaningful experience to its members?
- Q8 On a scale from 1 to 10 where 1 means *Completely Disagree* and 10 means *Completely Agree*, to what extent do you agree that you have made a difference by promoting the NHSC?
- Q9 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue promoting NHSC as a partner?
- Q10 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to recommend the National Health Service Corps to someone else?
- Q11 Which of the following methods are most effective for promoting the NHSC to target audiences (sites and clinicians/future clinicians)? (Select all that apply)
  - 1 Email
  - 2 Social networking
  - 3 Directing people to the NHSC website
  - 4 Providing training



- 5 Tool kits
- 6 Distributing promotional materials
- 7 Exhibiting
- 8 Conference presentations
- 9 Other (please specify)

# Demographics

# DEM1 What is your gender?

- 1 Male
- 2 Female

## DEM2 What is your age?

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 65 and over

## DEM3 Which of the following best describes the location of your practice? (Select one)

- 1 Urban
- 2 Rural
- 3 Frontier

# DEM4 How large is your organization (patients seen per year)?

- 1. 1-2,500 patients
- 2. 2,501-5,000 patients
- 3. 5,001-7,500 patients
- 4. 7,501-10,000 patients
- 5. Over 10,000 patients



DEM5 Using a scale of 1 to 10, where 1 means *Does not Meet Needs* and 10 means *Fully Meets Needs*, how well do the current disciplines available through the National Health Service Corps Loan Repayment Program meet the needs of your facility?

DEM6 Which of the following clinicians would your practice like to recruit using the National Health Service Corps Loan Repayment Program as a tool? (Choose up to 4)

- 1. Chiropractors
- 2. Clinical Laboratory Technologists
- 3. Diabetes Health Educators
- 4. Dieticians/Nutritionists
- 5. General Surgeons
- 6. Occupational Therapists
- 7. Optometrists
- 8. Pharmacists
- 9. Pharmacy Technicians
- 10. Physical Therapists
- 11. Podiatrists
- 12. Preventive Medicine Physicians
- 13. Radiologic Technologists and Technicians
- 14. Registered Nurses
- 15. Respiratory Therapists
- 16. Speech Language Pathologists
- 17. Substance Abuse Counselors

Thank you for your time. The National Health Service Corps greatly appreciates your input!

