

# Medical Product Safety Network (MedSun) Feedback about Newsletter

## Survey Introduction

Thank you for taking this survey.

The purpose of this survey is to hear your feedback about the information and materials provided in the MedSun Newsletter, both the PDF version sent via email in addition to updates to the MedSun website. We will use these results to improve the materials we provide you in both MedSun Newsletter versions.

Your participation / nonparticipation is completely voluntary and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-respondents), this information collection fully complies with all aspects of the Privacy Act and data will be kept private to the fullest extent allowed by law. OMB Control Number: 0910-0697.

## About You



### 1. How long have you been involved in the MedSun program? (Select one.)

- Less than 1 year
- More than 1 year to 3 years
- More than 3 years to 5 years
- More than 5 years to 10 years
- Don't know

### 2. What selection most accurately represents your job title? (Select one.)

- Biomedical Engineer
- Clinical Engineer
- Legal Department
- Materials Management Services
- Patient Safety Officer
- Physician
- Quality Improvement Officer
- Registered Nurse/Clinician
- Risk Manager
- Surgical Services
- Other (please specify)

## Newsletter Services

**\*3. Do you read the MedSun PDF Newsletter sent via email and/or access the MedSun Website (online at [www.fda.gov/medsun](http://www.fda.gov/medsun)) that is updated each month? Please select the most appropriate answer.**

- MedSun PDF Newsletter via email ONLY.
- MedSun Website that is updated each month ONLY (online at [www.fda.gov/medsun](http://www.fda.gov/medsun)).
- Both.
- Neither.

## Newsletter Services

**4. Your previous response indicates you do not take advantage of any Newsletter Services. We are interested in your TOP 3 reasons why you do not read the MedSun PDF Newsletter sent via email. (Please select your TOP 3 choices.)**

- Not enough time to read the information
- Too much information
- Information is not relevant to my job
- Format is not easy to read
- I can't find what I am looking for
- Hospital computer does not support PDF attachments
- I didn't know about it
- I read this information by accessing the Landing Page in the MedSun Reporting Site
- Other (please specify)

**5. Your previous response indicates you do not take advantage of Newsletter Services. We are interested in your TOP 3 reasons why you do not visit the MedSun Website that is updated each month. (Please select your TOP 3 choices.)**

- Not enough time to read the information
- Too much information
- Information is not relevant to my job
- Format is not easy to read
- I can't find what I am looking for
- Hospital does not support Web browsing
- I didn't know about it
- I read this information by accessing the Landing Page in the MedSun Reporting Site
- Other (please specify)

**\*6. What other sources do you use to find medical device safety information?**

# Medical Product Safety Network (MedSun) Feedback about Newsletter

## MedSun PDF Newsletter

**7. A previous response indicates that you read the MedSun PDF Newsletter. How often do you read the MedSun PDF Newsletter that is sent to your email address?**

- Every month
- Most months
- Some months
- On rare occasions

**8. Which information provided in the MedSun PDF Newsletter are you MOST likely to read?**

	not likely	somewhat likely	moderately likely	very likely	extremely likely
Welcome Note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDA Safety Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subnetwork Updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upcoming Events and Orientations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork and Security Reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highlighted Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Device Problem Summary tables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDA safety websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Other', please specify below.

## MedSun PDF Newsletter

**\*9. Do you refer your colleagues in other parts of your hospital to any information provided in the MedSun PDF Newsletter?**

- Always
- Sometimes
- Rarely
- Never

## MedSun PDF Newsletter

### 10. Which information provided in the MedSun PDF Newsletter do you most often refer to your colleagues? Select your TOP 3.

- Welcome Note
- Recalls
- FDA Safety Communications
- Subnetwork Updates
- Upcoming Events and Orientations
- Paperwork and Security Reminders
- Highlighted Reports
- Medical Device Problem Summary tables
- Useful FDA websites
- Other (please specify)

MedSun PDF Newsletter

**\*11. Do you use any of the information provided in the MedSun PDF Newsletter to assist you in staff training sessions or during staff in-services?**

Yes

No



## MedSun PDF Newsletter

**12. If 'yes', please select the information you use to assist you in staff training sessions or during staff in-services. (Select all that apply.)**

- Recalls
- FDA Safety Communications
- Subnetwork Updates
- Upcoming Events and Orientations
- Highlighted Reports
- Medical Device Problem Summary tables
- Useful FDA websites
- Other (please specify)

## Final Questions

**13. What other sources do you use to find medical device safety information?**

**14. What else would you like to tell us to help improve the MedSun Newsletter?**

# Medical Product Safety Network (MedSun) Feedback about Newsletter

## MedSun PDF Newsletter

**15. A previous response indicates that you read the MedSun PDF Newsletter. How often do you read the MedSun PDF Newsletter that is sent to your email address?**

- Every month
- Most months
- Some months
- On rare occasions

**16. Which information provided in the MedSun PDF Newsletter are you MOST likely to read?**

	not likely	somewhat likely	moderately likely	very likely	extremely likely
Welcome Note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDA Safety Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subnetwork Updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upcoming Events and Orientations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork and Security Reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highlighted Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Device Problem Summary tables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDA safety websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Other', please specify below.

## MedSun PDF Newsletter

**\*17. Do you refer your colleagues in other parts of your hospital to any information provided in the MedSun PDF Newsletter?**

- Always
- Sometimes
- Rarely
- Never

## MedSun PDF Newsletter

### 18. Which information provided in the MedSun PDF Newsletter do you most often refer to your colleagues? Select your TOP 3.

- Welcome Note
- Recalls
- FDA Safety Communications
- Subnetwork Updates
- Upcoming Events and Orientations
- Paperwork and Security Reminders
- Highlighted Reports
- Medical Device Problem Summary tables
- Useful FDA websites
- Other (please specify)

MedSun PDF Newsletter

**\*19. Do you use any of the information provided in the MedSun PDF Newsletter to assist you in staff training sessions or during staff in-services?**

Yes

No

## MedSun PDF Newsletter

**20. If 'yes', please select the information you use to assist you in staff training sessions or during staff in-services. (Select all that apply.)**

- Recalls
- FDA Safety Communications
- Subnetwork Updates
- Upcoming Events and Orientations
- Highlighted Reports
- Medical Device Problem Summary tables
- Useful FDA websites
- Other (please specify)

# Medical Product Safety Network (MedSun) Feedback about Newsletter

## MedSun Website

**21. A previous response indicates that you access the MedSun Website that is updated each month. How often do you access the MedSun Website?**

- One time per month
- More often than one time per month

**22. Which information provided on the MedSun Website are you likely to read?**

	not likely	somewhat likely	moderately likely	very likely	extremely likely
Class I Recalls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FDA Safety Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highlighted Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Device Problem Summary tables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedSun Reports received in the past 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About MedSun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedSun Newsletter Archive Search Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedSun in Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search MedSun Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Other', please specify below.



## MedSun Website

**\*23. How often, if at all, do you send web links directing your colleagues to the information provided on the MedSun Website?**

- Always
- Sometimes
- Rarely
- Never

## MedSun Website

**\*24. Which information on the MedSun Website do you most often, if at all, send to your colleagues? (Select up to 5 choices.)**

- Class I Recalls
- FDA Safety Communications
- Highlighted Reports
- Medical Device Problem Summary tables
- MedSun Reports received in the past 30 days
- About MedSun
- Educational Materials
- MedSun Newsletter Archive Search Tool
- MedSun in Action
- Search MedSun Reports
- Not Applicable

Other (please specify)

**25. If in the previous question, you selected "Educational Materials," which materials do you send to your colleagues? (Select all that apply.)**

- Past Audioconference/webinar transcripts and slides
- Training materials about reporting problems with medical devices
- Subnetwork Materials
- Recognize, Remove, Report video
- Not Applicable

MedSun Website

**\*26. Do you use any of the information found on the MedSun Website to assist you in staff training sessions or during staff in-services?**

Yes

No

## MedSun Website

**\*27. If 'yes', please select the information you use to assist you in staff training sessions or during staff in-services. (Select all that apply.)**

- Class I Recalls
- FDA Safety Communications
- Highlighted Reports
- Medical Device Problem Summary tables
- MedSun Reports received in the past 30 days
- About MedSun
- Educational Materials
- MedSun Newsletter Archive Search Tool
- MedSun in Action
- Search MedSun Reports

Other (please specify)

**28. If in the previous question you selected "Educational Materials," which materials do you use to assist you in staff training sessions or during staff in-services? (Select all that apply.)**

- Past Audioconference/webinar transcripts and slides
- Training materials about reporting problems with medical devices
- Subnetwork Materials
- Recognize, Remove, Report video
- Not Applicable

## Final Questions

**29. What other sources do you use to find medical device safety information?**

**30. What else would you like to tell us to help improve the MedSun Newsletter?**

**Thank You**



Thank You for taking this survey.