**Attachment 2**

**Proposed UBT Student Follow-up Web Questionnaire**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average ( hours)(minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**HITECH Workforce – University-Based Training Student Web Survey (follow-up version)**

**August 9, 2011**

Below is a draft set of questions for the follow-up version of the Workforce Student Survey, which would be administered to the university-based students who completed the Workforce Program and were included in the sample for the baseline survey. This instrument is to serve as a comprehensive survey that can be administered online in approximately 20 minutes.

The survey will start with a login page and then provide an informed consent statement before the actual questions begin.

**Preload variables required for survey administration:**

Name

Birth Month/Year

Institution

Program completion status at baseline (Completed Y or N)

Baseline survey date

**Category Question # Proposed Questions Response**

|  |  |
| --- | --- |
| 1. | Please answer the questions below to help us verify that our records are correct.  Our records show that your name is: [PRELOAD NAME]  The educational institution you attend/attended for Health IT training is: [PRELOAD INSTITUTION]  Is this correct?   1. Yes (SKIP TO Q3) 2. No |
| 2. | IF NO… Please edit the information below as appropriate.  DISPLAY PRELOADED NAME AND INSTITUTION FOR EDITING |
| 3. | What is the month and year of your birth?  MONTH\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_  [SYSTEM WILL COMPARE ENTRY AGAINST PRELOADED DATE AND CREATE VARIABLE INDICATING WHETHER BIRTHDATE MATCHES.] |
|  | IF PROG COMP STATUS=N (HAD NOT COMPLETED PROGRAM AT BASELINE) GO TO Q4.  IF PROG COMP STATUS=Y (HAD COMPLETED PROGRAM AT BASELINE) GO TO Q11. |
| 4. | Have you completed the program?   1. Yes (SKIP TO Q7) 2. No (GO TO Q5) |
| 5. | Are you still enrolled in the program?   1. Yes (GO TO Q6) 2. No (SKIP TO Q8) |
| 6. | IF YES TO Q5...  When do you expect to complete the program?  MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  (SKIP TO Q11) |
| 7. | IF YES TO Q4...  When did you complete the program?  MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  (SKIP TO Q11) |
| 8. | IF NO TO Q5...  Do you expect to complete the program?   1. Yes (GO TO Q9) 2. No (SKIP TO Q10) |
| 9. | Why did you temporarily leave the program?  (Select all that apply.)   1. Program required more of a time commitment than I anticipated 2. Financial reasons 3. Employment-related reasons 4. Personal reasons 5. Medical reasons 6. Not receiving the education I felt I needed 7. Not satisfied with the program instructors 8. Not satisfied with the courses 9. Assignments and exams were more difficult than I anticipated 10. Some other reason - GO TO SPECIFY PROBE   [RANDOMIZE OPTIONS 1-9.]  IF 10, SPECIFY PROBE:  Please provide more detail about why you left the program. \_\_\_\_\_\_\_\_\_  SKIP TO Q11 |
| 10. | Why did you leave the program?  (Select all that apply.)     1. No longer interested in the field of health IT 2. Program required more of a time commitment than I anticipated 3. Financial reasons 4. Employment-related reasons - GO TO SPECIFY PROBE A 5. Personal reasons 6. Medical reasons 7. Not receiving the education I felt I needed 8. Not satisfied with the program instructors 9. Not satisfied with the courses 10. Assignments and exams were more difficult than I anticipated 11. Some other reason - GO TO SPECIFY PROBE B   [RANDOMIZE OPTIONS 1-10.]  IF 4, SPECIFY PROBE A:  Please describe the employment-related reason(s) that caused you to leave the program. \_\_\_\_\_  IF 11, SPECIFY PROBE B:  Please provide more detail about why you left the program. \_\_\_\_\_ |
| 11. | Which best describes your current employment status?  CHECK ALL THAT APPLY.   1. Employed full-time 2. Employed part-time 3. Not employed, but seeking a job in the field of health IT (SKIP TO Q17) 4. Not employed, but not seeking a job in the field of health IT at this time (SKIP TO Q17) 5. Full-time student (SKIP TO Q17) 6. Other [GO TO SPECIFY PROBE] (SKIP TO Q17)   IF 6, SPECIFY PROBE:  How would you describe your current employment status? \_\_\_\_\_ |
| 12. | Is your current position in the field of health IT?   1. Yes 2. No (SKIP TO Q17) |
| 12a. | For how long were you actively looking for a job (i.e., sending out resumes, applying for positions) before you received an offer for the position you currently hold?   1. Less than one month 2. One or two months 3. Three or four months 4. Five or six months 5. More than six months |
| 13. | Which of the following best describes the setting in which you currently work?   1. Hospital 2. Physician’s office 3. Another provider setting or organization [GO TO SPECIFY PROBE] 4. Regional Extension Center (REC) 5. Other organization that provides IT consulting/training [GO TO SPECIFY PROBE] 6. Health department or governmental agency 7. Electronic Health Record (EHR) Vendor 8. IT vendor 9. Other [GO TO SPECIFY PROBE]   IF 3 OR 4 OR 8 SPECIFY PROBE: Please describe the setting in which you worked. \_\_\_\_\_ |
| 14. | What is the name of your current employer for your health IT position? \_\_\_\_\_  *If you are self-employed, please write “self-employed” and the name of your company if you have one.* |
| 14a. | Do you have managerial responsibilities in your current position (whether in terms of  supervising a team of people or overseeing a specific project or projects)?   1. Yes 2. No |
| 14b. | Are you responsible for training other employees in health IT-related skills in your current position?   1. Yes 2. No |
| 14c. | To what extent do you agree or disagree with the following statement?  The specific training I received in the program at [PRELOAD INSTITUTION] prepared me well for my current job responsibilities.     1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree |
| 14d. | What is the ZIP code for the mailing address of your current position? \_\_\_\_\_\_ |
| 15. | To what extent do you agree or disagree with the following statement?  My participation in my training program at [PRELOAD INSTITUTION] had a positive impact on my ability to obtain my current position in health IT.     1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree |
|  |  |
| 16. | To what extent do you agree or disagree with the following statement?  My participation in my training program at [PRELOAD INSTITUTION] prepared me well for my responsibilities in my current position.   1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree   SKIP TO Q21 |
| 17. | [Q11=3-6 OR Q12=2] Have you ever held a job in the field of health IT?   1. Yes 2. No 3. No (IF Q11=3, SKIP TO Q19; IF Q11=1,2, SKIP TO 21; IF Q11=4,SKIP TO Q26, IF Q11=5,6 SKIP TO Q29) |
| 18. | In your opinion, did participation in the training program position you well for a health IT job in the future that is more senior than your prior health IT work?   1. Yes 2. No 3. Not sure (IF Q11=3, GO TO Q19; IF Q11=1,2, SKIP TO 21; IF Q11=4,SKIP TO Q24, IF Q11=5,6 SKIP TO Q29) |
| 19. | [IF Q11=3] In seeking a job in the field of health IT, have you applied for any position?   1. Yes 2. No (SKIP TO Q21) |
| 20. | Approximately how many jobs have you applied for?   1. 1 2. 2-4 3. 5 or more |
| 21. | Which of the following resources, if any, have you used in your job search?  Check all that apply.  IF Q11=1 OR 2, USE THE FOLLOWING:  Which of the following resources, if any, did you use in your job search?  Check all that apply.   1. Career-counseling services offered by the university where I did my training 2. Advice or references from my former professors 3. Advice or references from former fellow students 4. Word of mouth 5. Attending job fairs 6. Attending professional meetings/conferences 7. On-line or print classifieds 8. Contact with employer I worked for as part of my training program (e.g., as a practicum) 9. Job recruiter or recruiting agency 10. Have not used any resources 11. Other (SPECIFY)   IF MORE THAN ONE SELECTED GO TO Q21a, ELSE SKIP TO Q22. |
| 21a. | IF MORE THAN ONE SELECTED IN Q21...  Which of the resources did you find most useful in your job search  *(Select only one.)*  LIST ONLY THOSE CHOSEN IN Q21 AND IF 11, DISPLAY VERBATIM TEXT. |
| 22. | Which of the following types of positions, if any, would you say have been challenging to find during your job search? Positions that….  IF Q11=1 OR 2, USE THE FOLLOWING:  Prior to your current position, which of the following types of positions, if any, were challenging to find during your job search? Positions that….   1. Are well-suited to my skills and training. 2. Are located in a geographic area where I would like to work. 3. Offer the salary I’m looking for. 4. Interest me. 5. None of the above. 6. Other (GO TO SPECIFY PROBE)   IF MORE THAN ONE SELECTED, GO TO Q23, ELSE IF Q11=4, SKIP TO Q24; IF Q11=3, SKIP TO Q25; IF Q12=1, SKIP TO Q27. ELSE SKIP TO Q29 |
| 23. | IF MORE THAN ONE SELECTED IN Q22...  Which of the following has been your primary challenge?  LIST ONLY THOSE CHOSEN IN Q21 AND IF 11, DISPLAY VERBATIM TEXT.    IF Q11=4, GO TO Q24, IF Q11=3, SKIP TO Q25; IF Q12=1, SKIP TO Q27. ELSE SKIP TO Q29 |
| 24. | IF Q11=4  Why are you not currently seeking a job in health IT?   1. I am no longer interested in the field of health IT. 2. There are not enough job openings in the field. 3. It is too difficult to find a health IT job in geographic areas where I would like to work. 4. It is too difficult to find a health IT job with the salary I am looking for. 5. Personal/family-related reasons 6. Other   SKIP TO Q29 |
| 25. | Having gone through the program, please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.  IF SEEKING A JOB IN HEALTH IT (Q11=3)…  The skills I learned will help me obtain the type of position in health IT I am seeking.   1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree |
| 26. | IF SEEKING A JOB IN HEALTH IT (Q11=3)…  The skills I learned will help me perform well in the type of health IT job I am seeking.   1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree   SKIP TO Q29 |
| 27. | IF WORKING IN HEALTH IT (Q12=1)…  In general, I feel the skills I learned in the program will improve my potential for promotion or a better position.   1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree |
| 28. | IF WORKING IN HEALTH IT (Q12=1)…  In general, I am satisfied with my current job.   1. Strongly Agree 2. Somewhat Agree 3. Neither Agree nor Disagree 4. Somewhat Disagree 5. Strongly Disagree |
| 29. | [ASK ALL] I would recommend this program to others interested in entering the health IT field.   1. Yes (GO TO Q30a) 2. No (SKIP TO Q30b) 3. Maybe (SKIP TO Q30c) |
| 30a. | [Q29=1] Why would you recommend the program to others?\_\_\_\_\_\_\_  GO TO Q31 |
| 30b. | [Q29=2] Why would you NOT recommend the program to others? \_\_\_\_\_\_\_  GO TO Q31 |
| 30c. | [Q29=3] Why are you NOT SURE that you would recommend the program to others? \_\_\_\_\_\_\_  GO TO Q31 |
| 31. | Did your program include any hands-on experience?  Check all that apply.   1. Practicum or required internship 2. Optional internship 3. Work in lab or simulated practice setting 4. Mentorship 5. None of the above (SKIP TO Q33) |
| 32. | In your opinion, how helpful was this hands-on experience in preparing you for a job?   1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 5. Very unhelpful |
| 33. | Is there anything additional that you wish had been included in the program coursework that would have been helpful to your job? \_\_\_\_\_ |
| 33a. | Do you plan to seek additional formal education in the future?   1. Yes 2. No (SKIP TO Q34) 3. Not sure (SKIP TO Q34) |
| 33b. | In what field to you plan to seek additional formal education?   1. Health IT 2. Health-related, but not in the field of IT 3. In the field of IT, but not in health 4. Some other field |
| 34. | [ASK ALL] How satisfied were you with your overall experience with your program?   1. Very satisfied 2. Somewhat satisfied 3. Not too satisfied 4. Not at all satisfied |
| 35. | Looking back at your overall experience, what would you like to see improved in the program?  \_\_\_\_\_\_  IF Q11=1 OR 2, GO TO Q36. ELSE END SURVEY |
| 36. | Now, one last question before we conclude the survey. Please report your pay before deductions for your current job using either your annual salary or your weekly earnings.  *If you hold more than one job, please report your earnings for your health IT primary job. Your best estimate is fine.*   |  |  | | --- | --- | | *Annual salary*  If your pay is calculated in an **annual salary**, please enter your current annual salary before deductions.  \_\_\_\_\_\_ | *Weekly earnings*  If it is easier to report your **weekly earnings**, please enter your earnings before deductions during a typical week.  \_\_\_\_\_\_ |   *(Enter either Annual or Weekly. Use whole numbers, no commas. )* |

**Proposed Invitation Contacts**

**Letter to students**

[DATE]

Dear [STUDENT NAME],

Thank you for completing the Baseline Survey for the Health IT Workforce Program Evaluation. In an effort to learn how your education and employment experiences have progressed over time, we are contacting you again to ask for your participation in a brief follow-up survey. As with the baseline survey, this is being conducted by NORC at the University of Chicago on behalf of the Office of the National Coordinator for Health Information Technology (ONC) at the U.S. Department of Health and Human Services.

By taking no more than 20 minutes to complete this online survey at your convenience, you will be able to provide invaluable information to researchers and policymakers that will help to improve the academic and career opportunities available for other students interested in obtaining a degree in the field of health IT. This is also an opportunity to voice your opinions about the Program and whether you feel it prepared you sufficiently for the workforce.

We will be following up soon with an e-mail that will allow you to take the survey. If you would like to complete it beforehand, please go to the following URL address to access the Health IT Workforce Program Evaluation survey:

[INSERT WEB SURVEY LINK]

Because this format is completely secure and confidential, you’ll need to use the unique Personal Identification Number (PIN) and Password below to access the survey:

PIN: [WEBPIN] Password: [WEBPWD]

Should you need to stop the survey at any time while taking it, you may suspend and re-access the survey to finish it later.

Please keep in mind that NORC will keep your data private to the extent permitted by law (Privacy Act of 1974).  Your participation is this survey is voluntary and your responses will be reported in summary form only.

Additional information on the Health IT Workforce and other HITECH programs may be found at <http://healthit.hhs.gov>. If you would like more details about the evaluation of the Workforce Program itself, please go to [INSERT LINK TO EVALUATION WEBSITE]. NORC at the University of Chicago has a long history of conducting high-quality social science research to inform public policy and promote the public interest. For more information on NORC, please visit: <http://www.norc.org>.

If you have any questions regarding the survey, please e-mail us at [HITWorkforce@norc.uchicago.edu](mailto:HITWorkforce@norc.uchicago.edu) or call our toll-free number at (877) 389-3429. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board (IRB) Administrator at (866) 309-0542 (also toll-free).

Again, thank you for your time and we look forward to hearing from you.

Sincerely,

Kristina Hanson Lowell, Ph.D.  
Project Director  
NORC at the University of Chicago

**Email Prompt:**

[DATE]

Dear [STUDENT NAME],

Hopefully you have received our previous email inviting you to participate in an important study for students who enrolled in health IT academic programs at universities across the nation. We would greatly appreciate your participation by completing a short 20-minute online questionnaire.

**Accessing the Survey**

To access the Health IT Workforce Program Evaluation survey, please go to the following URL address:

[INSERT WEB SURVEY LINK]

Because this format is secure and confidential, you’ll need to use a unique Personal Identification Number (PIN) and Password to access the survey after you have gone to the URL address. Your unique PIN and Password are as follows:

PIN: [WEBPIN] Password: [WEBPWD]

Should you need to stop the survey at any time while taking it, you may suspend and re-access the survey to finish it at a later time.

As a reminder, NORC at the University of Chicago ([www.norc.org](http://www.norc.org)) on behalf of the Office of the National Coordinator for Health Information Technology (ONC) at the U.S. Department of Health and Human Services (<http://healthit.hhs.gov>) is conducting an evaluation to gain knowledge about the Health Information Technology (IT) Workforce Program being implemented at [INSERT NAME] and other universities offering the program. Your feedback and insight will help ONC understand the Program's effectiveness in meeting health IT workforce needs.

**Confidentiality.**  Please keep in mind that NORC will keep your data private to the extent permitted by law (Privacy Act of 1974). Your individual data will not be shared with your school, employer or anyone else. Your participation in this survey is voluntary.

**Contact Us.** If you have any questions regarding the survey, please e-mail us at

[HITWorkforce@norc.uchicago.edu](mailto:HITWorkforce@norc.uchicago.edu)or call our toll-free number at 1-877-389-3429. If you have questions about your rights as a study participant, you may call the NORC IRB Administrator; toll free, at 866-309-0542.

Again, thank you for your time.

Sincerely,

Kristina Hanson Lowell, Ph.D.

Project Director

NORC at the University of Chicago

**Flow Chart for UBT Student Follow-up Web Questionnaire**