Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

**Attachment L: Practice Staff Survey**

**(Pre-Implementation)**

**Demonstration of Health Literacy Universal Precautions Toolkit**

Dear Practice Staff Member:

As part of a research project, our practice is implementing the Health Literacy Universal Precautions Toolkit (the Toolkit). The objective of the project is to see whether the Toolkit can help us improve the way we communicate with patients.

This project is being conducted by the University of Colorado Denver, the State Networks of Colorado Ambulatory Practices and Partners (SNOCAP-USA), and the American Academy of Family Physicians National Research Network (AAFP NRN). The federal Agency for Healthcare Research and Quality is funding the project.

As part of the project, we are asking our employees to share their beliefs about how the practice is addressing issues related to patient communication. If you would like to participate, we ask that you complete the attached survey, place it in the envelope included, seal the envelope, and give it to the practice’s Study Coordinator. Please **do not** put your name on the survey. The survey should take 15 minutes of your time.

Completing the survey is voluntary. You may choose not to participate or you may discontinue the survey at any time. Declining to participate will not result in any penalty or loss of benefits to which you are entitled.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to participate in this survey.  An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

The completed surveys will be sent to a research team that is helping us with this project. Other staff and clinicians in our practice will not see your responses. Summaries of the results across all respondents will be shared with the practice, but no names will be used, so responses cannot be tracked back to specific staff members.

There is no payment or direct benefit to you for participation in this study. However, the information you provide could help us better understand how to improve communication with patients. There are no risks to completing this survey.

All completed surveys will be stored in locked file cabinets at the AAFP NRN offices. Results of this survey may be published or presented for scientific purposes, but no identifying information about survey participants will be disclosed.

If you have any questions about the study, you are encouraged to contact Liz Horsley (project manager) at 1-800-274-2237 extension 3173 or ehorsley@aafp.org.

If you have any questions about your rights as a research subject, you are encouraged to contact Mindy Cleary, AAFP IRB Assistant, at 913-906-6000 extension 6452 or mcleary@aafp.org.

Please keep this letter for your records.

Thank you for considering participating in this project.

Sincerely,

Medical Director

**Date:**

**Instructions:**

As part of its participation in the Health Literacy Project, this family practice will be working to improve patient care by implementing the Health Literacy Universal Precautions Toolkit. To help us see whether using the Toolkit results in changes in clinical and other practices, we ask that you please complete this Practice Staff Survey at the beginning and the end of the project. Please answer the following questions and provide your completed survey to the leader of your practice’s Health Literacy Team.

**About You**

1. **What is your position in this practice? *(Please mark all that apply)***

[ ]  Physician (non-resident)

[ ]   Physician (resident)
[ ]   Physician assistant
[ ]  Nurse practitioner/Advanced practice nurse

[ ]  Registered nurse
[ ]  Other nursing staff (LPN, CPN)
[ ]  Medical assistant
[ ]  Practice manager/office manager
[ ]  Office staff (front desk; business office; medical records)
[ ]  Social worker/Counselor/Behavioral health worker
[ ]  Psychologist

[ ]  Pharmacist
[ ]   Dietitian
[ ]   Other (please specify: )

1. **Have you ever received training related to the following topics?  *(Please mark all that apply)* [Tool 3]**

[ ]  The meaning and importance of health literacy

[ ]  Tips for clear verbal communication with patients (e.g., speaking slowly, not using medical terms)

[ ]  How to confirm patient understanding of medical information (e.g., using the Teach-Back Method)

[ ]  How to communicate effectively with patients by phone

[ ]  How to encourage patient questions

[ ]  How to design easy-to-read written materials

[ ]  How to use patient education materials in conjunction with spoken instruction

[ ]  How to conduct brown bag medication reviews to ensure patient understanding and adherence

[ ]  How to make your office welcoming and easy for patients to navigate

[ ]  How to work with patients to set up systems for remembering to take medicines as directed

[ ]  How to link patients to health-related and literacy resources in community (e.g., smoking cessation programs, weight management, English as a second language, reading and math classes)

[ ]  Other (please specify: )

**About This Practice**

1. **Do you think that this practice makes effective communication with patients a priority? [Source: adapted from Climate Assessment Toolkit developed by AMA Ethical Force Program]**

[ ]  Yes

[ ]  No → **go to question 5**

1. **What does this practice do to make effective communication a priority?**

**About The Last Week**

1. **In your role as a clinician or practice staff member, about how many patients did you work with in the last week?**

 (If none, please enter 0 and **go to question 21.**) **[If pre-test, the skip pattern should read “If none, please enter 0. You are now done with the survey. Thank you for your time.”]**

1. **In the last week, how often did you use each of the following strategies when working with patients? [Tool 4]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Usually** | **Always** |
| Using everyday language | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Speaking at a moderate pace | [ ]  | [ ]  | [ ]  | [ ]  |
| Limiting the information discussed to 3 or fewer key points | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Repeating key points  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Using pictures, drawings, or models to explain things | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

1. **In the last week, to how many patients did you give verbal instructions?**

 (If none, please enter 0 and **go to question 9**.)

1. **In the last week, how many patients did you ask to explain in their own words the instructions you** **gave them? [Tool 5]**

 (If none, please enter 0.)

1. **In the last week, how many of the patients you worked with could have benefited from support groups or health education/management classes (e.g., weight management, diabetes education, exercise/fitness, stress management, smoking cessation)? [Tool 20]**

 (If none, please enter 0 and **go to question 11**.)

1. **In the last week, how many patients did you refer to community programs providing this sort of health-related assistance? [Tool 20]**

 (If none, please enter 0.)

1. **In the last week, how often did you check or have someone in the office check whether patients whom you had previously referred to community organizations that provide health-related programs or resources had completed the referral? [Tool 20]**

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. **In the last week, how many patients did you ask whether they wanted to improve their reading, writing, or math skills? [Tool 20]**

 (If none, please enter 0.)

1. **In the last week, how many patients did you refer to organizations in the community that provide educational programs (e.g., adult education program, general equivalency degree [GED] programs, programs to enhance reading or math skills, English classes for speakers of other languages)? [Tool 20]**

 (If none, please enter 0.)

1. **In the last week, how often did you check or have someone in the office check whether patients whom you had previously referred to community organizations that provide educational programs had completed the referral? [Tool 20]**

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. **In the last week, how often did you encourage patients to ask questions? [Tool 14]**

[ ]  Never → **go to question 16**

[ ]  Sometimes

[ ]  Usually

[ ]  Always

**15a. What did you say to encourage patients to ask questions?**

**15b. In addition to what you said, were there other ways in which you encouraged patients to ask questions? What were they?**

**15c. Do you think patients asked more questions as a result of your encouragement?**

[ ]  Yes

[ ]  No → **go to question 16**

**15d. Did this make it difficult to stay on schedule?**

[ ]  Yes

[ ]  No

1. **Do you ever talk with patients about their medicines?**

[ ]  Yes

[ ]  No → **go to question 20**

1. **In the last week, for how many patients did you conduct a brown bag medication review, looking at all of the patients’ medicine containers and talking with them about each medicine? [Tool 8]**

 (If none, please enter 0 and **go to question 18.**)

**17a. How many of these medication reviews identified a problem?**

 (If none, please enter 0.)

**17b. Please describe the kinds of problems you found.**

**17c. For how many patients did the problems you identified constitute a risk for an adverse drug event?**

 (If none, please enter 0.)

**17d. How often were you able to reduce the number of medicines that a patient took after conducting a brown bag medication review?**

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. **In the last week, how many patients did you ask how they remember to take their medicines? [Tool 16]**

 (If none, please enter 0.)

1. **In the last week, for how many patients did you help set up reminder systems to help them remember to take their medicines correctly (e.g., pill boxes, pill cards)? [Tool 16]**

 (If none, please enter 0.)

1. **In the last week, did you give health education materials to any patients (e.g., pamphlets, handouts, CDs, reading materials)? [Tool 12]**

[ ]  Yes

[ ]  No → **go to question 21**

**20a. When you gave educational materials to patients in the last week, how often did you explain or walk through the written information with them to emphasize the important points?**

[ ]  Never → **go to question 21**

[ ]  Sometimes

[ ]  Usually

[ ]  Always

**20b. In the last week, when you gave educational materials to a patient, how many minutes did you typically spend talking with him/her about those materials?**

 (If none, please enter 0.)

**Thank you for taking the time to complete this survey!**