

200X Learners' Perceptions Survey

Date shown solely to prevent confusion.

Why take the survey?

We value and need your input! The information you provide will help us to improve the educational experience for you and your fellow trainees at your VA facility. Please take the time to complete this survey. Thank you!

This is a confidential survey.

If you have any questions about how to complete the survey, please call **1-888-877-9869** or e-mail the **Help Desk.**

OMB Control Number 2900-0691

Estimated Burden: 15 minutes

Public Reporting Burden Statement

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 15 minutes per response. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. The collection of information is sponsored by the Department of Veterans Affairs (VA) and is collected in accordance with Title 38 Sections 527 and 7302. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of the clinical training that takes place at VA medical centers. Response to this survey is voluntary and failure to respond will have no effect on your future employment or any claim you may file with the Department of Veterans Affairs.

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200X Learners' Perceptions Survey

(Physician Residents/Fellows, Medical Students, and VA Physician)

1. Please select and complete one of the following Learners' Perceptions Surveys that is appropriate to your Clinical Training:

Physician Residents/Fellows,	Medical	Students,	and V	A Physic	iar
Special Fellows				-	

Associated/Allied Health Professions including Dentistry,

Optometry & Podiatry

2. Please indicate the level of training of the most recent program at the VA medical facility you identified for this survey.

Medical Student - 1st year Medical Student - 2nd year Medical Student - 3rd year Medical Student - 4th year Residency/Fellowship - PGY1 Residency/Fellowship - PGY2 Residency/Fellowship - PGY3 Residency/Fellowship - PGY4 Residency/Fellowship - PGY5 Residency/Fellowship - PGY6 Residency/Fellowship - PGY7

Post-residency Physician in a VA Special Fellowship

3. PHYSICIAN RESIDENTS (PGY 1 to PGY 7) - Please indicate your Residency Specialty by selecting from the list below.

Addiction psychiatry Allergy and immunology Anesthesiology Cardiovascular disease Clinical neurophysiology Colon and rectal surgery Critical care medicine-

Anesthesiology Critical care medicine- Internal

medicine Dermatology Emergency medicine Endocrinology, diabetes, and

metabolism

Family practice Gastroenterology

Geriatric medicine Geriatric psychiatry

Hematology
Hematology and oncology

Infectious disease Internal medicine Medical genetics

Medical toxicology- Emergency

medicine (ETX)

Medical toxicology- Preventive

medicine (PTX) Nephrology Neurological Surgery Neurology Nuclear Medicine

Obstetrics and gynecology

Oncology Ophthalmology Orthopaedic surgery Otolaryngology

Pain medicine-Anesthesiology

Pain medicine-Neurology (PMN) Pain medicine-PM&R (PPM) Pain medicine-Psychiatry (PPN) Pathology – anatomic and clinical Physical medicine and rehabilitation

Plastic surgery Preventive medicine

Psychiatry
Psychosomatic medicine-Psychiatry

(PYM)

Pulmonary disease

Pulmonary disease and critical care

medicine Radiation oncology Radiology-diagnostic Rheumatology Sleep medicine

Spinal cord injury medicine

Surgery-general Surgical critical care Thoracic surgery

Urology

Vascular and interventional radiology

Vascular surgery

Other

4. If you are a VA POST-RESIDENCY SPECIAL FELLOW - Please indicate your Fellowship Training Program by selecting from the list below.

Advanced Geriatrics

Advanced Psychiatry & Psychology

Advanced Spinal Cord Injury Medicine Ambulatory Care

Dental Research Geriatric Neurology

Health Services Research and Development

Medical Informatics Multiple Sclerosis National Quality Scholars

Palliative Care

Psychiatric Research/Neurosciences

Parkinson's Disease (PADRECC)

The Robert Wood Johnson (RWJ) Clinical Scholars

Schizophrenia Research Substance Abuse Treatment Health Issues of Women Veterans War Related and Unexplained Illness

5. Are you rotating at this facility no

res	NO	

6. What PERCENT of the time in your current clinical training program/experience has been spent at THIS VA facility?

7. Please rate your satisfaction with your CLINICAL FACULTY/PRECEPTORS at the VA facility as a group in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Clinical skills						
Teaching ability						
Interest in teaching						
Research mentoring						
Accessibility/Availability						
Approachability/Openness						
Timeliness of feedback						
Fairness in evaluation						
Being role models						
Mentoring by faculty						
Patient-oriented						
Quality of faculty						
Evidence-based clinical practice						
OVERALL SATISFACTION WITH						
CLINICAL FACULTY/						
PRECEPTORS						

8. Please rate your satisfaction with the LEARNING **ENVIRONMENT** at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Time working with patients						
Degree of supervision						
Degree of autonomy						
Amount of non-educational ("scut") work						
Interdisciplinary approach						
Preparation for clinical practice						
Preparation for future training						
Preparation for business aspects of clinical practice						
Time for learning						
Access to specialty expertise						
Teaching conferences						
Quality of care						
Culture of patient safety						
Spectrum of patient problems						
Diversity of patients						
OVERALL SATISFACTION WITH THE LEARNING ENVIRONMENT						

9. Please rate your satisfaction with the WORKING ENVIRONMENT at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Faculty/preceptor morale						
Ancillary/support staff morale						
Peer group morale						
Laboratory services						
Radiology services						
Ancillary/support staff						
Call Schedule						
Computerized Patient Record System (CPRS)						
Orientation program						
Library services						
Computer access						
Internet access						
Workspace						
OVERALL SATISFACTION WITH THE WORKING ENVIRONMENT						

10. Please rate your satisfaction with the CLINICAL ENVIRONMENT at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Hours at work						
Number of inpatients admitted for						
your care						
Number of outpatients/clinic						
patients seen						
Timely availability of outpatient						
appointments						
Timely performance of necessary						
procedures/surgeries						
Admitting patients in a timely						
fashion						
Ability to use emerging						
therapies/pharmaceuticals						
How well physicians and nurses						
work together						
How well physicians and ancillary						
staff work together						
Getting tests done in a timely						
fashion on weekdays						
Getting tests done in a timely						
fashion on nights and weekends						
Ease of getting patient records						
Backup system for electronic						
medical records						
Amount of "paper work"						
Ability to work within the system to						
get the best care for your patients						×
OVERALL SATISFACTION WITH						
THE CLINICAL ENVIRONMENT						

11. Please rate your satisfaction with the AVAILABILITY & TIMELINESS of STAFF AND SERVICES at the VA facility in the following areas:

ioliowing areas:						
	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Attending/supervisory staff: weekdays						
Attending/supervisory staff: nights and weekends						
Outpatient nursing staff: weekdays						
Inpatient nursing staff: weekdays						
Inpatient nursing staff: nights and weekends						
Ancillary/support staff: weekdays						
Ancillary/support staff: nights and weekends						
Pharmacy services: weekdays						
Pharmacy services: nights and weekends						
Radiology services: weekdays						
Radiology services: nights and weekends						
Laboratory services: weekdays						
Laboratory services: nights and weekends						
OVERALL SATISFACTION WITH AVAILABILITY AND TIMELINESS OF STAFF AND SERVICES						

12. Please rate your satisfaction in the following areas with the QUALITY of STAFF & SERVICES when available at the VA facility.

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Attending/supervisory staff						
Nursing staff						
Ancillary/support staff						
Pharmacy services						
Radiology services						
Laboratory services						
OVERALL SATISFACTION WITH QUALITY OF STAFF AND SERVICES						

13. Please rate your satisfaction with the following SYSTEMS AND PROCESSES dealing with medical errors at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Prevent/reduce medical errors						
Assure medication safety						
Report medical/medication errors						
Assure confidentiality of error reporting						
Facilitate discussion of medical/medication errors						
Facilitate analysis of medical/medication errors as a learning experience						
OVERALL SATISFACTION WITH SYSTEMS AND PROCESSES DEALING WITH MEDICAL ERRORS						

WITH SYSTEMS AND PROCESSES DEALING WITH MEDICAL ERRORS						
14. What level of patien VA facility BEFORE sta Excellent Very Good	rting y	our res	idenc	y?	nd at the	•
15. How do you rate the NOW, based on your ac Excellent Very Good	tual e	xperien	ce?		acility	

16. Please rate your satisfaction with the PHYSICAL ENVIRONMENT at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Convenience of facility location						
Parking						
Personal safety						
Availability of phones						
Availability of needed equipment						
Maintenance of equipment						
Facility maintenance/upkeep						
Lighting						
Heating and air conditioning						
Facility cleanliness/housekeeping						
Call rooms						
Availability of food at the medical center when on call						
OVERALL SATISFACTION WITH THE PHYSICAL ENVIRONMENT						

17. Please rate your satisfaction with YOUR PERSONAL EXPERIENCE at the VA facility in the following areas:

EXPERIENCE at the VA	Ideini	y iii tiic	10110	willing all	cus.	
	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Personal support from colleagues						
Personal reward from work						
Relationship with patients						
Appreciation of your work by faculty						
Appreciation of your work by patients						
Balance of personal and professional life						
Enjoyment of your work						
Level of job stress						
Level of fatigue						
Continuity of relationship with patients						
Ownership/personal responsibility for your patients' care						
Quality of care your patients receive						
Enhancement of your clinical knowledge and skills						
OVERALL SATISFACTION WITH YOUR PERSONAL EXPERIENCE						

18. In July 2003, the Accreditation Council for Graduate Medical Education instituted changes in requirements in DUTY HOURS/SCHEDULING for resident education.

In your opinion, what effect have these changes had on your educational experience at the VA facility in the following areas:

educational experience at t	ne v	1 Iaciiii	y III t	TIE TOTAL	Juning	areas:
	Very positive effect	Somewhat positive effect	Had no effect	Somewhat negative effect	Very negative effect	Not applicable
Personal support from colleagues						
Personal reward from work						
Relationship with patients						
Appreciation of your work by faculty						
Appreciation of your work by patients						
Balance of personal and professional life						
Enjoyment of your work						
Level of job stress						
Level of fatigue						
Continuity of relationship with patients						
Ownership/personal responsibility for your patients' care						
Quality of care your patients receive						
Enhancement of your clinical knowledge and skills						
OVERALL EFFECT OF CHANGES IN REQUIREMENTS IN DUTY HOURS/SCHEDULING						

ANSWER THIS QUESTION IF YOU ARE A PGY3 OR ABOVE...

19. Compared to previous years, how have the duty
hours/schedule changes affected your OVERALL educational
experience?

Made a lot better	Made somewhat better	Had no effect
Made somewhat wors	e Made a lot worse	Unable to judge

20. Approximately what percent of the patients you see in an average WEEK, at the VA facility, fall into each of the following categories?

	Less than 10%	10- 24%	25- 49%	50- 74%	75- 89%	90- 100%
Age 65 or older						
Chronic mental illness						
Chronic medical illness						
Multiple medical illnesses						
Alcohol/substance dependent						
Low income/socio-economic status						
Lack of social/family support						

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21. Ha	ave you	ever had a clinical training experience at the same
or equ	uivalent	level as your most recent VA training at a
comn	nunity or	university hospital or other setting outside the VA?
Yes	No	If NO Skip to question 24.

22. How would you compare your most recent VA clinical training experience to other NON-VA clinical training experiences you have had at the same or equivalent level?

Have Had at the Sam	0 0. 040.			_		
	VA a lot better	VA somewhat better	VA about the same	VA somewhat worse	VA a lot worse	Not applicable
VA clinical faculty and preceptors						
VA facility staff						
VA learning environment						
VA working environment						
VA physical environment						
Degree of autonomy						
Degree of supervision						
Quality of care						
Usefulness of what you learned						
OVERALL EXPERIENCE AT VA COMPARED TO NON-VA						

23. On a scale of 0 to 100, where 100 is a perfect score and 70 is a
passing score, what NUMERICAL SCORE would you give the
NON-VA clinical training you have had?
Non-VA Score

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And now a few questions to sum up your VA clinical training experience.

24. How would you RATE THE VALUE of your MOST RECENT CLINICAL TRAINING EXPERIENCE at this VA facility? Excellent Very Good Adequate Fair Poor
25. Based on your experience to date, if you had a choice, how likely would you be to CHOOSE THIS TRAINING EXPERIENCE AGAIN? Definitely would choose this clinical experience again Probably would choose this clinical experience again Probably would not choose this clinical experience again Definitely would not choose this clinical experience again
26. Would you RECOMMEND this VA CLINICAL TRAINING EXPERIENCE TO OTHER LEARNERS in your discipline of study? Yes No
27. On a scale of 0 to 100, where 100 is a perfect score and 70 is a passing score, what NUMERICAL SCORE would you give your MOST RECENT VA clinical training experience? VA Score
28. BEFORE this clinical training experience, how likely were you to consider a future employment opportunity at a VA medical facility? Very likely Somewhat likely Had not thought about it Somewhat unlikely Very unlikely
29. AS A RESULT of this clinical training experience, how likely would you be to consider a future employment opportunity at a VA medical facility? A lot more likely Somewhat more likely No difference Somewhat less likely A lot less likely
30. Would you consider the VA as a future employer? Yes No
31. What is your gender? Male Female

32. In what year did you/will you graduate from medical school? 1995 OR Earlier 1995 1996
 2010 or later
33. Did you/will you graduate from a medical school in the United States? Yes No