# Survey #3: 6-Month Post-Training Survey of Primary Trainees

Form Approved  
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## **(Web-Based Survey: Administered to Primary Trainees at 6 months after completing the training)**

## Experience with Training at 6 months

This is a 6-month follow-up survey following your participation in the Patient-Centered Outcomes Research in Shared Decisionmaking (PCOR in SDM) Train-the-Trainer Workshop.

|  |  |
| --- | --- |
| 1. **After attending the PCOR in SDM train-the-trainer workshop, did you facilitate a formal training on the curriculum provided?**  * Yes, I have facilitated formal PCOR in SDM workshops or sessions with the curriculum provided.   {Respondents answering “Yes” will be routed to questions in the left column.}   * No, I have shared a portion of the PCOR in SDM curriculum/information with my colleagues but not in a manner that makes them eligible to obtain continuing education (CE) credit. * No, I have not shared the PCOR in SDM curriculum or information with my colleagues.   {Respondents answering “No” will be routed to questions in the right column.} | |
| Answered **Yes** | Answered **No** |
| 1. **How many complete workshop sessions (i.e., delivering all four modules) have you conducted?**    * 1    * 2    * 3    * 4    * 5    * Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **How many total colleagues were reached for all of the sessions you delivered?**    * 5 or fewer    * 6-10    * 11-15    * 15-20    * 21-30    * 31-40    * 41-50    * More than 50 3. **When organizing training sessions, who do you target for the training?**    * All employees within organization    * Health care practitioners only    * Select types of health care practitioners (i.e. only physicians, only nurses, etc.)    * Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the 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.   1. **Do you plan to continue efforts to train those within your organization who have not yet attended a training session or been otherwise exposed to SDM and PCOR tools and resources?**     * Yes    * No    * I don’t know 2. **How useful do you find the training materials for training others?**     * Very useful    * Moderately useful    * Minimally useful    * Not at all useful 3. **Have you participated in other training related to PCOR or SDM since completing the AHRQ training program to further your knowledge on this topic?**     * Yes    * No    * If yes, please describe the training you have participated in (title/sponsor of training) | 1. **Are you planning to offer the full training course at some point in the future?**     * Yes    * No    * I don’t know 2. **Would additional assistance from the training team be useful to you?**     * Yes    * No    * If yes, please describe\_\_\_\_\_\_\_ 3. **Have you participated in other training related to CER/PCOR or SDM since completing the AHRQ training program to further your knowledge on this topic?**     * Yes    * No    * If yes, please describe the training you have participated in (title/sponsor of training)\_\_\_\_\_\_\_\_\_\_\_\_ |

## Training Barriers

1. **Which of the following have been the biggest obstacles to training others about PCOR in SDM concepts?** (check all that apply)

* Teaching the PCOR in SDM concepts
* Accessing PCOR tools and resources I need for training others
* Accessing training support
* Colleague participation – lack of interest in the training
* Colleague participation – they don’t have time to participate
* Colleague participation – other reasons
* I don’t have time to offer the training
* Obtaining support from my organization – generally not supportive of this
* Obtaining resources for training (space and audio/visual tools required)
* None of the above

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What other skills do you need to assist you in training others that weren’t provided in the training course?** Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What other tools do you need when training others that aren’t currently available to you?** Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Use of Training in Practice

### *Implementation Questions*

1. **Compared to before you completed the AHRQ PCOR in SDM training:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **To a great extent** | **Somewhat** | **Not at all** |
| Has your implementation of SDM processes in practice with patients increased? |  |  |  |
| Has your use of PCOR resources in SDM with patients increased? |  |  |  |

1. **How often have you used the following AHRQ Effective Health Care (EHC) Program tools/resources in the past 6 months?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Daily or almost daily** | **At least once a week** | **Two to three times a month** | **About once a month** | **A couple of times in the past 6 months** | **Never** |
| AHRQ EHC Program Web site |  |  |  |  |  |  |
| Patient/consumer summaries – shared with patient and/or family members |  |  |  |  |  |  |
| Patient decision aids – shared with patient and/or family members |  |  |  |  |  |  |
| Spanish-language consumer summaries – shared with patient and/or family members |  |  |  |  |  |  |
| Mobile access to the AHRQ EHC Web site |  |  |  |  |  |  |
| Clinician summaries (for my own ongoing learning) |  |  |  |  |  |  |
| PCOR Continuing education modules (CME/CE/CEU) |  |  |  |  |  |  |
| Faculty slide decks |  |  |  |  |  |  |
| Research reviews or syntheses |  |  |  |  |  |  |
| An EHC Web conference |  |  |  |  |  |  |
| Webcasts |  |  |  |  |  |  |

1. **How often have you used the following AHRQ SDM Toolbox tools/resources in the past 6 months?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Daily or almost daily** | **At least once a week** | **Two to three times a month** | **About once a month** | **A couple of times in the past 6 months** | **Never** |
| SDM toolbox Web page on the AHRQ Web site |  |  |  |  |  |  |
| SDM quick reference guide |  |  |  |  |  |  |
| Sample dialogue guide /Talking points |  |  |  |  |  |  |
| Cultural awareness checklist |  |  |  |  |  |  |
| Health literacy strategies summary |  |  |  |  |  |  |
| Implementation brief for interdisciplinary teams |  |  |  |  |  |  |
| Administrator brief about the benefits of implementing PCOR in SDM between providers and patients |  |  |  |  |  |  |
| Promotional/marketing kit |  |  |  |  |  |  |

1. **How useful do you find the following AHRQ SDM Toolbox tools/resources?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very useful** | **Somewhat useful** | **Not very useful** | **Not at all useful** | **I did not use this tool/resource** |
| SDM toolbox Web page on the AHRQ Web site |  |  |  |  |  |
| SDM quick reference guide |  |  |  |  |  |
| Sample dialogue guide/Talking points |  |  |  |  |  |
| Cultural awareness checklist |  |  |  |  |  |
| Health literacy strategies summary |  |  |  |  |  |
| Implementation brief for interdisciplinary teams |  |  |  |  |  |
| Administrator brief about the benefits of implementing PCOR in SDM between providers and patients |  |  |  |  |  |
| Promotional/marketing kit |  |  |  |  |  |

1. **Please describe any new tools that would be helpful to you in sharing AHRQ PCOR resources with your patients in SDM.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please indicate how useful each of the following components of the AHRQ PCOR in SDM training have been to your personal practice.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very useful** | **Somewhat useful** | **Not very useful** | **Not at all useful** | **Not applicable** |
| Locating trusted CER/PCOR resources |  |  |  |  |  |
| Using CER/PCOR to facilitate health care decisionmaking |  |  |  |  |  |
| Sharing CER/PCOR decision aids with patients |  |  |  |  |  |
| Discussing risks and benefits about health care options with patients |  |  |  |  |  |
| Engaging patients to learn their preferences and values for their health care options |  |  |  |  |  |
| Including patients in decisionmaking if they want to be involved |  |  |  |  |  |

1. **In your opinion, have there been any changes in the following areas regarding your patient population?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Increased greatly** | **Increased slightly** | **No change** | **Decreased  slightly** | **Decreased greatly** | **Don’t know/**  **Unsure** |
| Patients’ active involvement in decisionmaking |  |  |  |  |  |  |
| Patient satisfaction |  |  |  |  |  |  |
| Patient compliance with health decisions/treatments |  |  |  |  |  |  |
| Patient outcomes |  |  |  |  |  |  |
| Patient requests for interventions/treatments with limited/equivocal evidence of effectiveness |  |  |  |  |  |  |
| Financial costs to patients (i.e., their out-of-pocket expenses) |  |  |  |  |  |  |

1. **Please describe any other perceived patient benefits or impacts you have observed after applying what you learned during the PCOR in SDM training in your practice?**

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1. **Which of the following have been the biggest obstacles to implementing and applying PCOR in SDM concepts in your own patient practice? (check all that apply)**

* Accessing PCOR tools and resources
* Not having enough time with my patients
* My patients aren’t interested
* Obtaining resources for distribution to my patients
* Obtaining support from my organization
* Obtaining resources to implement change
* None of the above

Other (please specify)

### *Sustainability Question*

1. **Has your organization made any of the following changes as a result of the PCOR in SDM training?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know/**  **Unsure** |
| My organization has increased the distribution of AHRQ PCOR resources and tools to patients. |  |  |  |
| My organization has increased the distribution of other (non-AHRQ) patient decision aids and PCOR tools to patients. |  |  |  |
| My organization has developed new *programs* to disseminate knowledge about PCOR in SDM. |  |  |  |
| My organization has developed new *policies* regarding the implementation PCOR in SDM. |  |  |  |
| My organization has developed PCOR in SDM training or education materials customized for my organization (if yes, please describe). |  |  |  |
| My organization has created materials to record progress/improvement related to PCOR in SDM use. |  |  |  |
| My organization has been able to reduce costs. |  |  |  |

Please describe yes answers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Wrap Up

1. **Please briefly describe how you have used what you learned during the PCOR in SDM training in your practice?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Are there any additional comments you would like to share with us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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